

1 HEALTH FACILITIES AND SERVICES REVIEW BOARD
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BOARD MEETING
(September 24, 2013)

Regular Session of the meeting of the State of
Illinois Health Facilities and Services Review Board
was held on September 24, 2013, at the State House
Inn, 101 East Adams Street, Ballroom, in
Springfield, Illinois.

1 PRESENT:

2 Board Members:

Kathy Olson - Chairman

3 John Hayes - Vice-Chairman

Justice Alan Greiman

4 Richard Sewell

James Burden

5 Deanna DeMuzio

David Penn

6 Philip Bradley

7 Ex-Officio Board Members:

8 Mike Jones

Matthew Hammoduh

9 David Carvalho

10 Board Staff:

11 Alexis Kendrick

Catherine Clarke

12

13 IDPH Staff:

14 George Roate

Nelson Agbado, Health Systems Data Manager

15 Bonnie Hills

Bill Dart

16

17 General Counsel:

18 Frank Urso

19 Administrative Staff:

20 Courtney Avery

Bonnie Hills

21

22 Rules Coordinator:

23 Claire Burman

24

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1 The Court Reporter:
2 Pamela K. Needham, IL CSR, MO CCR
3 Midwest Litigation Services
4 711 North 11th Street
St. Louis, MO 63101
5 314-644-2191

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1 P R O C E E D I N G S

2 CHAIRWOMAN OLSON: Good morning,
3 everybody, it is 10:00, so we're going to start at
4 promptly 10:00.

5 Just a couple informational items.

6 First of all, welcome to beautiful Springfield on
7 this fall day, the State Capitol. There is a box in
8 the center of this aisle that has to be there for
9 right now, so please be careful as you're coming
10 forward and leaving that you don't trip on that box.

11 I am planning lunch promptly at 12:30,
12 so you can plan accordingly. Depending on where we
13 are in the agenda, we'll take either 45 minutes or
14 an hour for lunch, so we'll try to keep it quick.

15 Just as an information piece, I will
16 announce at the very end of the day the next two
17 meetings are going to be in Bolingbrook, but we are
18 going to start the meetings at 9 a.m. Starting at
19 the next meeting we'll be starting at 9 a.m. 10:00
20 is half the morning gone, so we're going to start at
21 9 a.m. The next two meetings will be in
22 Bolingbrook.

23 I'm going to call this meeting to order,
24 can I have a roll call, please, George? Nelson.

25 MR. NELSON AGBODO: Chairman Olson.

1 CHAIRWOMAN OLSON: Present.

2 MR. NELSON AGBODO: Vice-Chairman Hayes.

3 VICE-CHAIRMAN HAYES: Here.

4 MR. NELSON AGBODO: Mr. Bradley.

5 PHILIP BRADLEY: Well, as the only
6 Springfield native, I want to welcome the Board to
7 town, we're delighted you're here. We hope you
8 spend a lot of money on gas and on other things.
9 And I am present.

10 MR. NELSON AGBODO: Thank you.
11 Dr. Burden.

12 DR. JAMES BURDEN: Here, but I'm not
13 going to spend a lot of money.

14 PHILIP BRADLEY: Oh, yes, you are, we
15 have ways.

16 MR. NELSON AGBODO: Senator Demuzio.

17 SENATOR DEMUZIO: Here.

18 MR. NELSON AGBODO: Mr. Galassie.
19 Absent. Mr. Greiman.

20 JUSTICE ALAN GREIMAN: Here, and I spent
21 14 years here.

22 MR. NELSON AGBODO: Mr. Penn.

23 MR. GEORGE ROATE: He is present.

24 CHAIRWOMAN OLSON: There he is.

25 MR. NELSON AGBODO: Mr. Sewell.

1 RICHARD SEWELL: Here.

2 MR. NELSON AGBODO: Thank you. Eight
3 members present.

4 CHAIRWOMAN OLSON: Thank you, Nelson. I
5 would like to acknowledge that we do have a past
6 board member in our office, Jean Verdue. Stand and
7 say hello to us. Thank you.

8 (Applause.)

9 CHAIRWOMAN OLSON: And it is with deep
10 regret that I need to announce that Alexis will be
11 moving on from the Board, she's taken a position
12 with Blue Cross/Blue Shield. So we appreciate all
13 your service, you'll be greatly missed. Good luck
14 to you. Thank you.

15 MS. ALEXIS KENDRICK: Thank you,
16 Chairwoman.

17 CHAIRWOMAN OLSON: And you can go right
18 into public participation.

19 MS. ALEXIS KENDRICK: Great. We're
20 going to begin the public participation section of
21 the board meeting. As a reminder, the Open Meetings
22 Act requires that any person shall be permitted an
23 opportunity to address public officials under the
24 rules established and recorded by the public body.
25 In an effort to balance the rights of individuals,

1 we'd like to address the Board with the Board's need
2 to maintain legal decorum and efficiencies, please
3 keep in mind the following guidelines: All comments
4 should be limited to two minutes, and each comment
5 should be about an agenda item listed on today's
6 board meeting. Please make sure all your comments
7 are focused and relevant to the specific projects on
8 the current day's agenda. Comments should not be
9 personal and not be disruptive to the Board's
10 proceedings. Please identify yourselves and the
11 project item and agenda when you are going to speak
12 before initiating your comments, and please identify
13 your position on the project.

14 I am going to call people in groups of
15 five. We'll begin with Don Colby, Richard Gruber,
16 Sonya Reese, Joe Ourth, and Trent Gordon.

17 CHAIRWOMAN OLSON: We've called five
18 names, and I'm counting four people.

19 MR. JOE OURTH: Mr. Gordon will not be
20 here, not be providing testimony this morning.

21 CHAIRWOMAN OLSON: Okay. Thank you.

22 MS. ALEXIS KENDRICK: Can we call Dan
23 Colby?

24 MR. DAN COLBY: Thank you Madam
25 Chairwoman. My name the Dan Colby, C-O-L-B-Y, I

1 live in Harvard, Illinois. I understand that the --

2 CHAIRWOMAN OLSON: It's not on.

3 MR. DAN COLBY: Again, my name is Dan

4 Colby, I'm from Harvard, Illinois. I understand

5 that on the agenda today you'll be looking at the

6 Centegra remanded proposal to you. I have some

7 comments on the situation since it's been approved.

8 Now that Centegra has been granted a monopoly,

9 controlling more than 93 percent of the hospital

10 beds in McHenry County, consumers have lost the

11 opportunity for choice services and the potential

12 for cost savings resulting from competition.

13 Centegra can now clearly set rules for who can and

14 cannot practice medicine in their facilities without

15 fear of the doctors going to other hospitals that

16 are perhaps more supportive. Decisions such as

17 restricting staff privileges at its hospitals could

18 very negatively impact the medical practices of the

19 non-Centegra employee positions in McHenry County

20 and, in fact, independent physicians are already

21 complaining that once their patients have been

22 admitted to a Centegra facility, that the patients

23 are now being reassigned to Centegra physicians. I

24 ask that the Board rescind the Centegra approval and

25 relook at this whole situation. Thank you.

1 MR. RICHARD GRUBER: Good morning, Madam
2 Chair and Members. My name is Richard Gruber,
3 G-R-U-B-E-R, my office address is 1000 Lake Avenue
4 in Woodstock, Illinois. I'm here to speak
5 concerning the Centegra Huntley project, Project
6 Number 10-090. I, too, want to state that I'm in
7 sincere hope that this Board would reject the
8 Centegra permit and start the proceedings from
9 scratch for the following reasons: All of the
10 assumptions that you were made by the applicant to
11 justify the Huntley project have, frankly, failed to
12 materialize. Population growth 2010 to 2012 census
13 estimates show only a 2 percent population increase.
14 Housing permits issued in the village of Huntley
15 have remained flat, and, frankly, the overall
16 population has declined in McHenry County planning
17 area A-10 during the same period. A new bed need
18 inventory was presented at your August board
19 meeting. That inventory now reflects that with the
20 approval of the Huntley project, planning area A-10
21 McHenry County, has a net surplus of 40 med/surg
22 beds. This has a very negative impact on the
23 provision of safety net services by other hospitals
24 in the region. This is something that your Board
25 has consistently expressed as a significant concern.

1 Two members of the board who voted on the Huntley
2 project are no longer members of the board, and as
3 such, that makes it impossible to satisfy the Will
4 County Court remand, which calls for the Board to
5 provide its rationale for the decision that made for
6 the approval of the Huntley project. This fact is
7 the basis for the project -- it is, in fact, the
8 basis for this project that has been proven to be
9 wrong.

10 MS. ALEXIS KENDRICK: Thirty seconds.

11 MR. RICHARD GRUBER: The information
12 that the CON board relied on for their consideration
13 is now nearly four years old and, as such, does not
14 reflect the current state of the times. You should
15 reconsider the permit for Centegra Huntley based
16 upon current conditions. Thank you very much.

17 MS. SONJA REECE: Good morning. I'm
18 Sonya Reese, I'm the Director of Health Facilities
19 Planning for Advocate Healthcare. The opportunity
20 that you have today to review the Centegra
21 application for a new hospital in Huntley is unique.
22 Unique because this application is over two years
23 old, which allows you to actually test whether or
24 not the applicant's assumptions are coming true. A
25 close examination of Centegra's projections compared

1 to reality reveals a stark contrast. Centegra
2 projected that McHenry County's population would
3 grow to 377,000, but your recent analysis shows it's
4 309,000. That's 20 percent less than Centegra's
5 projections.

6 Let's talk about the reality of
7 admissions. In the last two years, inpatient
8 hospital admissions have dropped significantly. In
9 the six-county metro area, admissions have dropped
10 by over 46,000. That's equivalent to three empty
11 hospitals the size of the proposed Centegra
12 hospital. That's three fewer hospitals, not more.
13 This is playing out across Chicagoland and, in fact,
14 Illinois, with hospitals reducing services and
15 considering closing. Advocate believes that these
16 decreases in admissions will continue. You recently
17 approved a modernization project for Advocate Good
18 Shepherd Hospital, which decreased, not increased,
19 its bed count. Twice you've voted down Vista's new
20 hospital proposal in Lake County because of your
21 concern over demand and impact.

22 MS. ALEXIS KENDRICK: Thirty seconds.

23 MS. SONJA REECE: You've also voted down
24 this Centegra project twice because of similar
25 concerns about population growth and impact. Your

1 intuition on those first two votes was correct, and
2 you now have a chance for another vote. With the
3 only new information being less need for hospital
4 beds and available capacity, the addition of another
5 hospital is not necessary. Thank you for your
6 consideration.

7 CHAIRWOMAN OLSON: Thank you, Ms. Reese.

8 MR. JOE OURTH: Good morning, I'm Joe
9 Ourth, and I have the opportunity to represent
10 Advocate, both Sherman Hospital and Advocate Good
11 Shepherd. It seems like it's been several years
12 we've been working on this project, and we're here
13 again today for another stage in that. Today what
14 we're here for is because the Court has sent the
15 case back and asked the Board to explain why it is
16 that the project that, after having twice been found
17 to be not in compliance with the rules, why it was
18 found to be in compliance with on the, on the third,
19 and this asks for an explanation on this. This is
20 admittedly a very difficult task, and the Board is
21 in a difficult task to explain this. What are those
22 things that caused that to change, and that's the
23 posture that you're in.

24 To show how difficult it is, I know that
25 you received a letter from Centegra, even though I

1 believe it came in after the time line, it's still
2 in the record, where they would have had every
3 incentive to try to explain -- to try to give a road
4 map as to, okay, here's how this can be explained.
5 I think you'll find that it was even difficult for
6 them to explain how that could have been changed,
7 which makes it very difficult for you, as well, to
8 find what that would be. So what the Court said is
9 that there's a number of things that you, as the
10 Board, have a number of opportunities and actions
11 that you can take. One of them is, as they said,
12 provide an explanation. Admittedly, a difficult
13 explanation. Another, they said is there's a, they
14 aren't going to dictate what you, the Board, should
15 do. As has already been said, one of the
16 possibilities is to say: We're not going to say
17 that you can't reconsider; if you want to
18 reconsider, you can do that.

19 MS. ALEXIS KENDRICK: Thirty seconds.

20 MR. JOE OURTH: It's also possible for
21 the Board to look at and say, you know, what we've
22 got people who aren't here, we've got different
23 things, it's really hard for us to reach the
24 consensus. The Judge doesn't hold you in contempt
25 by saying, you know what, we've talked about it,

1 we've struggled with it, we can't reach a consensus,
2 and then reporting back to the Judge, also an
3 acceptable kind of thing under the Court's ruling.

4 What we would ask is that this is a
5 difficult situation for you, we would ask that you
6 look at this and try to respond to that in the way
7 and according to rules, and in the process that I
8 think that we all want and envision. So with that,
9 we wish you best wishes on your deliberations.

10 Thank you.

11 CHAIRWOMAN OLSON: Thank you, Mr. Ourth.
12 With.

13 MR. DAN LAWLER: Good morning, my name
14 is Dan Lawler, I'm CON counsel for the permit holder
15 Centegra Huntley Hospital and Centegra Health
16 System. Our esteemed opponents are mistaken as to
17 the purpose of the remand from the Circuit Court of
18 Will County. Judge Petrungaro specifically stated
19 in the transcript that you have, that she was not
20 requesting a reconsideration of the project. The
21 sole purpose of the remand is for the Board to
22 provide further explanation for the approval of the
23 permit on Centegra Hospital Huntley, and that's what
24 we are requesting that the Board do today. Thank
25 you.

1 CHAIRWOMAN OLSON: Thank you, Mr.

2 Lawler. Thank you all.

3 MS. ALEXIS KENDRICK: Our next five
4 speakers are Aaron Shepley, Sheila Rock, Mark
5 Silverman on behalf of John Layaturno, Mark Turner,
6 and Mayor Mark Eckert. And please be sure to spell
7 your name for the court reporter before you begin
8 speaking. Thank you.

9 CHAIRWOMAN OLSON: Mr. Shepherd, you may
10 begin.

11 MR. AARON SHEPLEY: Thank you, my name
12 is Aaron Shepley, S-H-E-P-L-E-Y, I'm the general
13 counsel for Centegra Health System, and I thought
14 that this opportunity to speak provided a great
15 opportunity to just give you an update as to the
16 status of our project. Our project, I'm speaking in
17 support of the Centegra Hospital Huntley item that
18 is on your agenda, and we're requesting that you
19 provide the additional information that was
20 requested by Judge Petrungaro.

21 As board members, most of you anyway are
22 aware our project was approved on July 24th, 2012.
23 At the time I think it was probably safe to say that
24 it was the cleanest new hospital replacement
25 application that this board has ever seen, based on

1 a review of all the others that had come before. On
2 September 10th of 2012, this board provided a
3 ten-page explanation of the basis for the decision,
4 and with our validly issued permit in hand, we
5 immediately commenced working on things such as
6 architectural work, engineering work, and securing
7 local approvals. We've invested millions of dollars
8 in this project, we now have as-built drawings for
9 the project to commence later on this fall, and we
10 anticipate receiving the approval of -- the final
11 approval of the Village of Huntley later on in the
12 month of October. We've already received
13 preliminary approval.

14 Irrespective of what our opponents may
15 believe, the purpose for this hearing or that the
16 request of the judge, the fact of the matter is it
17 was sent back for a very limited purpose, that is to
18 provide additional information, and we simply ask
19 that the Board in its considered judgment provide
20 the information that has been requested by the judge
21 so that we can continue to move forward with our
22 project as we have over the course of the last 10 to
23 12 months.

24 CHAIRWOMAN OLSON: Thank you, Mr.
25 Shepley.

1 MS. SHEILA ROCK: Good morning, Madam
2 Chairperson, Members of the Board, my name is Sheila
3 Rock, R-O-C-K. I am here on behalf of the residents
4 of the Clare in Chicago, Illinois, to encourage you
5 to approve 16 additional skilled nursing beds for
6 our institution. We have a dire need for those
7 beds, not only from people in the community, but
8 from people within our building. We have many
9 people who are presently living independently,
10 however, it will not be, unfortunately, in the not
11 too distant future where they will be needing
12 additional care, and they will receive that care if
13 this is approved at their home. Thank you.

14 CHAIRWOMAN OLSON: Thank you, Ms. Rock.

15 MS. ALEXIS KENDRICK: For the board
16 members, that was regarding project Number 13-01
17 Terraces of the Clare.

18 The next, the next project, or the
19 participant is regarding project Number 13-031
20 Waukegan Renal Center.

21 MR. MARK SILBERMAN: Good morning. My
22 name is Mark Silverman, and this is H15 on your
23 agenda. I am here speaking on behalf of BH4, who is
24 technically providing an objection to the proposed
25 relocation of the DaVita Dialysis Center, but BH4

1 wants to be absolutely clear, this is not an
2 objection to DaVita, and certainly this is not an
3 objection to the proposed advancements they want to
4 ensure for providing care to their patients.
5 Inadvertently, when the staff report was put
6 forward, it was left out the fact that there was a
7 comprehensive opposition submitted on behalf of BH4.
8 BH4 is the company that owns the medical office
9 building where this facility is and has been located
10 for a number of years. Their objection is rooted in
11 the principles of the Certificate of Need process.
12 Their objection lays out to, my goal here really
13 today is just to provide the summary that would have
14 otherwise been in the staff report. The objection
15 is that all of the proposed benefits that DaVita
16 seeks to obtain by relocating this facility can
17 actually be obtained at the existing location, and
18 can actually be obtained at a lower cost. They have
19 plans and designs and proposals that have been
20 included with the objection materials, and one of
21 the fundamental principles of the Certificate of
22 Need process is to have better utilization of
23 existing facilities rather than to incur unnecessary
24 costs and establish new facilities. Additionally,
25 there's costs that aren't included. There's an

1 extended lease that exists regards to this existing
2 facility which will add an additional million
3 dollars in costs potentially if the lease is broken
4 and this facility is relocated. This is an
5 economically depressed area that has already
6 experienced the flight of medical providers and
7 medical care. Steps have been taken to ensure that
8 this facility provides access to those who are in
9 need of dialysis, coordination with public
10 transportation to ensure the best available care,
11 and this building is prepared to take the steps and
12 to coordinate with DaVita necessary to make sure
13 that the first class care that they want to continue
14 to provide can be provided by better utilizing the
15 existing facility. So we would ask the board
16 members to please be sure to take that into
17 consideration when considering this application.
18 Thank you.

19 CHAIRWOMAN OLSON: Thank you.

20 MS. ALEXIS KENDRICK: The next four
21 speakers will speak about project Number 13-034, St.
22 Elizabeth's Hospital, Belleville.

23 MR. MARK TURNER: Thank you. Good
24 morning. And thank you for this opportunity. My
25 name is Mark Turner, M-A-R-K, T-U-R-N-E-R, and I am

1 the president and CEO of Memorial Hospital in
2 Belleville, and our new hospital in Shiloh. We are
3 the largest Medicaid provider in the Metro East, and
4 that's the term used to describe the Illinois side
5 of the Greater St. Louis Area. The development of
6 our Shiloh Hospital, which was approved in June of
7 2011, is on schedule. Much of the site preparation
8 has been completed, and we look forward to seeing
9 steel on the site soon.

10 I am here today to voice my concern over
11 St. Elizabeth's plan to close its inpatient
12 psychiatric unit. It's the only psychiatric unit in
13 Belleville, and as such, patients seen in Memorial's
14 Emergency Department are dependent on it. St.
15 Elizabeth's was very clear in their application that
16 they have been working in concert with Touchette,
17 and that's a very good thing. As I reviewed the
18 State Agency Staff Report I noticed that there was
19 something missing. While quotes were provided from
20 supporters of the closure, none were provided by the
21 opponents appearing at the hearing. For example,
22 Dr. Maria Scarborough, an experienced Emergency
23 Department physician, expressed her concern of the
24 reduction of mental health beds in St. Clair County.
25 She testified about the difficulty that she

1 routinely has in finding psychiatric beds for an
2 already vulnerable and underserved population.
3 Sometimes we have patient in our ED for days because
4 a bed just isn't available, and yet, if approved,
5 even if the Touchette expansion is approved, the
6 result being net reduction in bed availability.
7 While I understand that this is the next best
8 alternative, why not the best alternative, allowing
9 Touchette to expand their psychiatric services while
10 maintaining some psychiatric inpatient service at
11 St. Elizabeth's.

12 In closing, at the public hearing one of
13 the participants asked St. Elizabeth's to pledge
14 that it, that they would not leave downtown
15 Belleville. St. Elizabeth's has not done so. In
16 fact, they have been very public about their plans
17 to move their remaining in-patient services out of
18 Belleville to a site near our Shiloh Hospital.
19 Therefore, it's important to understand that this is
20 likely the first step in St. Elizabeth's plan to
21 abandon downtown Belleville. Thank you for your
22 attention and time.

23 CHAIRWOMAN OLSON: Thank you, Mr.
24 Turner.

25 MAYOR MARK ECKERT: My name is Mark

1 Eckert, I am Mayor of the City of Belleville,
2 Illinois. I'm here today to speak concerning St.
3 Elizabeth's Hospital Belleville's application for
4 CON. We are not necessarily opposed to this CON,
5 but it does raise concern about their public intent
6 to seek to move all of its inpatient services out of
7 downtown Belleville, which has been present for over
8 139 years. As a Catholic-sponsored non-for-profit
9 hospital, we believe this is contrary to its
10 mission, and our most vulnerable population. The
11 City of Belleville does see this request today as a
12 precursor to what we fear is coming next, and the
13 City of Belleville stands ready to work with St.
14 Elizabeth's to keep this historic presence, their
15 historic presence in downtown Belleville. Thank
16 you.

17 CHAIRWOMAN OLSON: Thank you, Mr. Mayor.

18 MS. ALEXIS KENDRICK: Our next five
19 speakers are Dana -- Dana Rosenzweig, Melissa
20 Sterling on behalf of Kevin Hutchison. Is
21 Christopher Lloyd here? Dana Rosenzweig again. And
22 then Emanuel Chris Welch.

23 MR. DANA ROSENZWEIG: Yes, good morning.
24 My name is Dana Rosenzweig, R-O-S-E-N-Z-W-E-I-G. I
25 spelled that for everyone. I'm here this morning in

1 support of the CON applications for St. Elizabeth's
2 and Touchette Regional Hospitals. As the Executive
3 Director of the County Mental Health Board, and by
4 state statute and within a local unit of government,
5 the Board functions as the local mental health
6 authority. I believe the proposals before you are
7 consistent with the Board's mission and, therefore,
8 I support both projects.

9 In addition, the County Mental Health
10 Board passed a resolution on September 19th which
11 fully endorses and supports both proposals. The
12 projects under consideration are excellent examples
13 of how two health care providers come together to
14 better serve the Metro East communities. I was
15 pleased to learn the resulting regional Mental
16 Health Center of Excellence has three goals: To
17 deliver behavioral health services more efficiently
18 and effectively to all residents of the region; to
19 provide easy access to quality comprehensive care
20 for patients and families from St. Clair County, and
21 to ensure, and most importantly, the long-term
22 viability for high quality mental health services in
23 the region. Given my role, I appreciate the
24 planning that's gone into the Center of Excellence,
25 I believe the future delivery of services will be

1 greatly enhanced through this type of innovation.
2 And having one centralized provider of inpatient
3 mental health services will prove beneficial in
4 improving the current system of care. At a time
5 when behavioral health services are increasingly
6 fragmented, the Metro East area has the opportunity
7 to show it is a leader in the state in providing
8 this vital health care through innovative provider
9 collaborations, and that's why I urge the Review
10 Board to approve St. Elizabeth's and Touchette's CON
11 applications. Thank you very much for your time.

12 MS. MELISSA STERLING: Good morning, my
13 name is Melissa Sterling, and I appreciate your
14 allowing me to speak on behalf of the Executive
15 Director of the St. Clair County Health Department
16 Kevin Hutchison. We are here to support Project
17 13-034 for St. Elizabeth's and 13-036 for Touchette
18 Regional Hospital's CON. The St. Clair County
19 Community Health Plan adopted by the Board of Health
20 was developed by the St. Clair County Health Care
21 Commission, using a collaborative public health
22 approach which works to provide resources that
23 identify and meet our residents health needs.
24 Representatives from St. Elizabeth's Hospital,
25 Touchette Regional Hospital, St. Clair County Mental

1 Health Board and other community partners serving on
2 the commission identify the need for the improved
3 behavioral health was one of the County's primary
4 health issues. It is our understanding that the
5 approval of these projects will lay the foundation
6 for the establishment of a regional Mental Health
7 Center of Excellence at Touchette. If established,
8 this center can provide residents of our region with
9 increased access to behavioral health services that
10 integrate inpatient, outpatient and community-based
11 care. This regional approach will help us make sure
12 that Metro East residents have consistent access to
13 behavioral health services for years to come. For
14 these reasons we ask you to approve St. Elizabeth's
15 and Touchette's CON to allow them to work together
16 to create a regional Mental Health Center of
17 Excellence at Touchette, because it will help ensure
18 the wellness, health and safety of all Metro East
19 residents. Thank you for your consideration.
20 Sincerely, Kevin Hutchinson, Executive Director.

21 CHAIRWOMAN OLSON: Thank you.

22 MR. EMANUEL CHRIS WELCH: Good morning,
23 Madam Chair, Members of the Board. My name is
24 Emanuel Chris Welch, I'm the state representative
25 for the 7th House District in the great State of

1 Illinois. I appreciate the opportunity to provide
2 testimony here today in support of 13-041, 13-042,
3 13-043 and 13-044. That's the change in ownership
4 of the Van Guard Health System to Tenet Health
5 System. The fact that I am the only current
6 legislator down here in Springfield, got in my car
7 and drove here last night, tells you how strongly I
8 support this. I'm also just one of many state
9 legislators who support this change in ownership.
10 Senate President John Cullertan, Senator Antonio
11 Munoz, Senator Martin Sandoval, Senator Don Harmon
12 Senator Steve Landek, Representative Sara
13 Feigenholtz, representative Elizabeth Hernandez,
14 Representative Mike Zalewski, and Representative
15 Robin Gable all support this acquisition. Also
16 other elected officials in the Cook County area,
17 Alderman James Caplin, Commissioner Jesus Garcia,
18 Commissioner Larry Suffredon, Melrose Park Mayor Ron
19 Serpico, and also the mayor, newly elected mayor of
20 River Forest, Cathy Adduci. All of us support this,
21 because these are some very important hospitals in
22 our communities. When we hear about hospitals
23 changing hands and companies pledging to invest in a
24 community, it is understandable for people to be
25 skeptical. Truthfully, I'm usually one of those

1 people. But that is not the case here today. I am
2 here to express my strong support for the CON
3 application for the merger between Van Guard Health
4 Systems and Tenet Health Care. West Lake is a very
5 important part of my community in particular and
6 provides necessary health care services to residents
7 in my district, as well as many surrounding areas.
8 In fact, I don't only -- I not only chair the West
9 Lake Hospital Board, but I'm particularly proud to
10 hold that position, because I was also born at West
11 Lake many many years ago now.

12 Today it's rare to be able to point to a
13 community hospital that has maintained its high
14 level of service while still maintaining the role of
15 community institution. West Lake provides health
16 programs for all of my constituents. They're always
17 willing to provide health care screenings and come
18 out to health fairs in our district. They help all
19 of the folk that live in my district, including
20 Spanish speakers. My experience, along with the
21 experiences I hear about from my constituents every
22 day, indicates the need for local hospitals to exist
23 so they can serve working families and the
24 underprivileged. West Lake Hospital and the other
25 three Van Guard Hospitals is a perfect example of

1 how that need is being addressed. Van Guard has
2 delivered on its commitment to deliver exemplary
3 charity care, and they serve Medicaid patients in my
4 district every day. Through both its word, and more
5 importantly its actions, Van Guard has demonstrated
6 a firm commitment to the community, working
7 families, and the underserved, and I am encouraged
8 by Tenet Health Care's promise to continue the great
9 work that Van Guard has accomplished. This is
10 consistent with my values, and it is consistent with
11 my constituents' values.

12 We have a responsibility as a community
13 to provide quality health care to all patients in
14 need. My constituents and I have seen this over the
15 past years since Van Guard purchased West Lake
16 Hospital and the other three. In my role as Board
17 Chair of the West Lake Hospital, I have seen the
18 strength of the hospitals systems local leaders, and
19 I am pleased to know that they will stay on in place
20 following the completion of the merger. I am also
21 happy to see Tenet's public commitment to providing
22 the same services at all four of Van Guard's
23 hospitals for a minimum of the next two years.

24 So Members, I want to thank you, Madam
25 Chair, I want to thank you for the opportunity to

1 offer my support for the approval of this merger. I
2 am certain these facilities, as well as their
3 patients and employees, will benefit as part of this
4 effort to strengthen and broaden their services
5 offered by each of the hospitals in our communities.
6 Thank you once again.

7 CHAIRWOMAN OLSON: Thank you,
8 Representative Welch. Thanks for taking your time.

9 MS. ALEXIS KENDRICK: Our next speakers,
10 Carmen Velasquez, Bishop Porter here? Dr. Rahman,
11 and Mark Silverman.

12 MS. CARMEN VELASQUEZ: Good morning. My
13 name is Carmen Velasquez, and I am the founder and
14 Executive Director of the Alivio Medical Center.
15 I'm from Chicago. I'm very pleased to come before
16 the members of the Illinois Health Facility and
17 Service Review Board for allowing me to testify in
18 support of the acquisition of Van Guard Health
19 Systems by Tenet Health Care. First let me start by
20 sharing a little about Alivio Medical Center. We
21 are a bilingual, bicultural, federally qualified
22 health center committed to providing access to
23 quality and cost-effective health care to the
24 Latino, predominantly Mexican community, and to the
25 uninsured and underinsured, not to the exclusion of

1 other culture and races. For over two decades we
2 have committed ourselves to this mission. Alivio's
3 partnership with Van Guard MacNeal Hospital works
4 because there's trust. It is a real relationship
5 where we cultivate -- where we collaborate and
6 cultivate to provide access to quality cost
7 effective health care to the uninsured and
8 underinsured in the Latino community. I know that
9 we always have a partner in MacNeal because the
10 hospital doesn't have just a presence in our
11 community, it has permanence. We all know we have
12 different models of care and community health
13 centers are distinct, but none of us stand alone,
14 and we must all come together to address patient
15 care. The leadership and staff at MacNeal Hospital
16 are sensitive to the basis our community. They
17 share their resources and work with us to make us
18 all more effective care givers.

19 Finally, and perhaps more importantly,
20 MacNeal works tirelessly with groups like mine to
21 help patients find a medical home. This is
22 especially true for those who have no alternative
23 but to use the emergency room for their primary care
24 needs. I view the Tenet's desire to enter this
25 market as a welcome investment in our community and

1 a sign of the Tenet's commit to quality community
2 care. I know what the system is capable of,
3 continuing the partnership that Van Guard has
4 developed with its neighbors and patients of it's
5 four Chicago hospitals. I'm very excited that they
6 will experience the same types of benefits that we
7 have enjoyed over the years. Thank you for your
8 time and consideration.

9 CHAIRWOMAN OLSON: Thank you.

10 MS. ALEXIS KENDRICK: And Dr. Rahman is
11 speaking on behalf of project 13-007.

12 MR. FAISO RAHMAN: Good morning. My
13 name Faiso Rahman, F-A-I-S-O, Rahman, R-A-H-M-A-N, I
14 represent Advanced Pain and Anesthesia Consultants,
15 which is the largest, the largest pain management
16 groups in Indiana/Illinois area. We have about 12
17 offices spread throughout the city. Unlike most
18 groups, we do take Medicare, we do take Medicaid,
19 and we are, most of the surgery centers around the
20 proposed center do not make Medicaid, and we're also
21 shut out for some of the hospitals because of closed
22 anesthesia and pain contracts. About 27,000
23 patients go through our system, and we have patients
24 with some very special needs, particularly the women
25 patients, as well as women from conservative

1 backgrounds from, whether south Asia, whether it's
2 an Arab, or Muslims, or Hindus, or Pakistanis, or
3 Indians and so on. And we recognize that and in our
4 practice, and as part of that we have specifically
5 recruited aggressively two women surgeons who take
6 care of the focused needs of the Women's Center. We
7 are excited about the possibility of this particular
8 center coming up in Arlington Park addressing the I
9 would say almost between 500 to three-quarters of a
10 million people who need these special services, and
11 one, on behalf of our group we not only want to
12 extend them the support, but also commit that we
13 will have wonderful women surgeons who will be
14 specifically designated to operate out of this
15 center. Thank you.

16 CHAIRWOMAN OLSON: Thank you.

17 MR. MARK SILBERMAN: Good morning, and
18 I'd like to thank the Board for the opportunity. My
19 name is Mark Silverman, S-I-L, B as in boy,
20 E-R-M-A-N, to offer these comments on behalf the
21 Madina Nursing Center, Alpine Fireside, Fairview
22 Nursing Plaza, and Neighbors Rehabilitation in
23 continued support to the Pecatonica Pavilion Project
24 10-031.

25 I am going to continue the positive

1 mindset and the well wishes that Mr. Ourth offered.
2 The remand by the Appellate Court of this decision
3 and the subsequent decisions have created a
4 circumstance that is somewhat unique for the Board,
5 and it's a circumstance that's ripe with potential
6 procedural pitfalls. The underlying purpose behind
7 the arguments presented to the Appellate Court
8 really was to ensure that the appropriate processes
9 were in place, to make sure that the Board had the
10 opportunity and the guidance to articulate the bases
11 and the reasons for its decision. This is something
12 where, with regard to the consideration of the
13 remand, the instruction of the court seems to be to
14 explain a historical decision, so one of the
15 potential procedural pitfalls with this project
16 unique to this project, this was a project that was
17 considered when there were only five members to this
18 board, and two of those members aren't here. So
19 while there's no doubt that the full complement of
20 board members may have great insight as to what to
21 do in the future, it's procedurally almost
22 impossible for them to offer an explanation of what
23 was done before, because they don't have access to
24 the staff reports, to the, there's been no agenda
25 item. I don't know if the Board is going to engage

1 in a substantive discussion of this project. What
2 we would implore is that if there is going to be a
3 substantive discussion of this project, that it take
4 place in public.

5 MS. ALEXIS KENDRICK: Thirty seconds.

6 MR. MARK SILBERMAN: From a purely
7 substantive to the underlying application, the
8 objection was rooted in the absence of a need and in
9 the notable adverse impact that it could have on
10 existing facilities in the community. Circumstances
11 have only continued. I agree, the Board has a
12 challenging series of circumstances ahead of us, we
13 have no doubt that the right things will be done,
14 and anything that my clients or I can do to assist
15 in the process procedurally, we're happy to do.
16 Thank you.

17 CHAIRWOMAN OLSON: Thank you Mr.
18 Silberman. This concludes the public participation
19 session of the meeting. Thank you all for keeping
20 your comments to under two minutes. We will now go
21 into Executive Session, we're anticipating a short,
22 long meeting? About 45 minutes tops. So please
23 be -- may I have a motion to go into Executive
24 Session.

25 SENATOR DEMUZIO: Motion.

1 RICHARD SEWELL: Second.

2 CHAIRWOMAN OLSON: Pursuant to 2C11 of
3 the Open Meetings Act. May I have a second?

4 MR. DAVID PENN: Second.

5 CHAIRWOMAN OLSON: All in favor?

6 (All in favor voted in the affirmative.)

7 CHAIRWOMAN OLSON: We're now in
8 Executive Session.

9 (At this point the Open Session of the Board Meeting
10 was recessed, and the Board went into Executive
11 Session at 10:44 a.m.)

12 (Recess)

13

14 (Open Session called back to order at 11:30 a.m.)

15

16 CHAIRWOMAN OLSON: Are there actions to
17 come out of Executive Session?

18 MR. FRANK URSO: Yes, Madam Chair.

19 Requesting a motion to approve a final decision on
20 the Springfield Nursing and Rehab Center, Project
21 08-086, which is Docket Number HFSRB 1212.

22 CHAIRWOMAN OLSON: May I have a motion?

23 SENATOR DEMUZIO: Motion.

24 PHILIP BRADLEY: Second.

25 CHAIRWOMAN OLSON: Roll call, please? I

1 have a motion by Demuzio, second by Bradley.

2 MR. NELSON AGBADO: Okay, motion made by
3 Senator Demuzio, second by Philip Bradley.

4 CHAIRWOMAN OLSON: Roll call vote,
5 please.

6 MR. NELSON AGBADO: Mr. Bradley.

7 PHILIP BRADLEY: Yes.

8 MR. NELSON AGBODO: Dr. Burden?

9 DR. JAMES BURDEN: Yes.

10 MR. NELSON AGBODO: Senator Demuzio.

11 SENATOR DEMUZIO: Yes.

12 MR. NELSON AGBODO: Mr. Galassie,
13 absent. Justice Greiman.

14 JUSTICE ALAN GREIMAN: Yes.

15 MR. NELSON AGBODO: Mr. Hayes.

16 VICE-CHAIRMAN HAYES: Yes.

17 MR. NELSON AGBODO: Mr. Penn.

18 DAVID PENN: Yes.

19 MR. NELSON AGBODO: Mr. Sewell.

20 RICHARD SEWELL: Yes.

21 MR. NELSON AGBODO: Chairwoman Olson?

22 CHAIRWOMAN OLSON: Yes.

23 MR. NELSON AGBODO: Thank you.

24 CHAIRWOMAN OLSON: The motion passes.

25 Other motions?

1 MR. FRANK URSO: Yes. Madam Chair,
2 after the Board reviewed the Court's remanded order
3 regarding Centegra Hospital Huntley, Project 10-090,
4 and the Board also reviewed the response document
5 regarding that same project, we'll be requesting a
6 motion to adopt that response as the Board's further
7 explanation of the Board's decision to improve the
8 Centegra project based upon the Will County's remand
9 order.

10 CHAIRWOMAN OLSON: May I have a motion,
11 please?

12 DAVID PENN: So moved.

13 VICE-CHAIRMAN HAYES: Second.

14 MR. NELSON AGBADO: Motion made by Mr.
15 Penn, seconded by Mr. Hayes.

16 CHAIRWOMAN OLSON: May I have a roll
17 call vote, please?

18 MR. NELSON AGBADO: Yes, Mr. Bradley.

19 PHILIP BRADLEY: The Court has asked us
20 a question, and in this document we are answering
21 their question. I vote yes.

22 MR. NELSON AGBADO: Thank you.
23 Dr. Burden.

24 DR. JAMES BURDEN: I vote yes.

25 MR. NELSON AGBADO: Thank you. Senator

1 Demuzio.

2 SENATOR DEMUZIO: Yes.

3 MR. NELSON AGBADO: Thank you. Justice
4 Greiman.

5 JUSTICE ALAN GREIMAN: I believe that
6 this may be giving us a future that we won't want to
7 have, because it will make every single one of our
8 judgments subject to reversal and remand, so I vote
9 no.

10 MR. NELSON AGBADO: Okay. Thank you.
11 Mr. Hayes.

12 VICE-CHAIRMAN HAYES: Yes.

13 MR. NELSON AGBADO: Thank you. Mr.
14 Penn.

15 DAVID PENN: Yes.

16 MR. NELSON AGBADO: Mr. Sewell.

17 RICHARD SEWELL: Yes.

18 MR. NELSON AGBADO: Chairwoman Olson.

19 CHAIRWOMAN OLSON: Yes, for the reasons
20 stated by Mr. Bradley.

21 MR. NELSON AGBADO: Thank you.

22 CHAIRWOMAN OLSON: The motion passes.

23 Other motions?

24 MR. FRANK URSO: Yes, we have another
25 motion. After reviewing the Fourth District

1 Appellate Court's decision regarding Pecatonica
2 Pavilion, Project Number 10-031, and also the Board
3 reviewed the response document, we're requesting a
4 motion to adopt that response as the Board's further
5 explanation for the Board's decision to improve that
6 Pecatonica Project 10-031.

7 CHAIRWOMAN OLSON: May I have a motion,
8 please?

9 DR. JAMES BURDEN: So moved.

10 CHAIRWOMAN OLSON: And a second?

11 VICE-CHAIRMAN HAYES: Second.

12 MR. NELSON AGBADO: Motion made by Mr.
13 Bradley, and seconded by Mr. Hayes.

14 CHAIRWOMAN OLSON: Roll call vote,
15 please.

16 MR. NELSON AGBADO: Yes. Mr. Bradley.

17 PHILIP BRADLEY: Again, this Court asked
18 us a question, this document contains our response,
19 and I vote yes.

20 MR. NELSON AGBADO: Thank you.
21 Dr. Burden.

22 DR. JAMES BURDEN: Yes.

23 MR. NELSON AGBADO: Thank you. Senator
24 Demuzio.

25 SENATOR DEMUZIO: Yes.

1 MR. NELSON AGBADO: Thank you. Justice
2 Greiman.

3 JUSTICE ALAN GREIMAN: No.

4 MR. NELSON AGBADO: Thank you. Mr.
5 Hayes.

6 VICE-CHAIRMAN HAYES: Yes.

7 MR. NELSON AGBADO: Mr. Penn.

8 DAVID PENN: Yes.

9 MR. NELSON AGBADO: Mr. Sewell.

10 RICHARD SEWELL: Yes.

11 MR. NELSON AGBADO: Chairwoman Olson.

12 CHAIRWOMAN OLSON: Yes. The motion
13 passes.

14 MR. FRANK URSO: That's all I have,
15 Madam Chair and Board Members.

16 CHAIRWOMAN OLSON: May I have a motion
17 to approve the agenda?

18 RICHARD SEWELL: So moved.

19 VICE-CHAIRMAN HAYES: Second.

20 MR. NELSON AGBADO: Motion made by
21 Mr. Sewell, seconded by Mr. Hayes.

22 CHAIRWOMAN OLSON: Voice vote please.
23 All those in favor?

24 (All in favor voted in the affirmative.)

25 CHAIRWOMAN OLSON: Opposed like sign?

1 (None opposed.)

2 CHAIRWOMAN OLSON: Motion passes.

3 MR. FRANK URSO: We have one more thing,
4 I apologize, and that's a motion to make a legal
5 referral, and I'll get the specifics just in a
6 second. I'd like a motion to refer to Legal the
7 Phoenix Medical Center Carmi Health Facility and
8 Services Review Board 07-058.

9 CHAIRWOMAN OLSON: May I have a motion,
10 please?

11 SENATOR DEMUZIO: Motion.

12 VICE-CHAIRMAN HAYES: Second.

13 MR. NELSON AGBADO: Motion made by
14 Senator Demuzio, seconded by Mr. Hayes.

15 CHAIRWOMAN OLSON: Voice vote please.

16 MR. NELSON AGBADO: Mr. Bradley.

17 PHILIP BRADLEY: Yes.

18 MR. NELSON AGBADO: Dr. Burden.

19 DR. JAMES BURDEN: Yes.

20 MR. NELSON AGBADO: Senator Demuzio.

21 SENATOR DEMUZIO: Yes.

22 MR. NELSON AGBADO: Justice Greiman.

23 JUSTICE ALAN GREIMAN: Yes.

24 MR. NELSON AGBODO: Mr. Hayes.

25 VICE-CHAIRMAN HAYES: Yes.

1 MR. NELSON AGBODO: Mr. Penn.

2 DAVID PENN: Yes.

3 MR. NELSON AGBODO: Mr. Sewell.

4 RICHARD SEWELL: Yes.

5 MR. NELSON AGBODO: Chairwoman Olson.

6 CHAIRWOMAN OLSON: Yes. The motion
7 passes. May I have a motion to approve the minutes
8 of the August 13/14 meeting?

9 SENATOR DEMUZIO: Motion.

10 VICE-CHAIRMAN HAYES: Second.

11 CHAIRWOMAN OLSON: Second by Hayes. All
12 those in favor signify by saying aye.

13 (All in favor voted in the affirmative.)

14 CHAIRWOMAN OLSON: Opposed like sign.

15 (None opposed.)

16 CHAIRWOMAN OLSON: Motion passes, and
17 the minutes are approved. Okay, moving into post
18 project items approved by the Chairman. George?

19 MR. GEORGE ROATE: Thank you, Madam
20 Chair. We have permit renewal, first item is Permit
21 Renewal 10-067, Fresenius Medical Care, Des Plaines.
22 This is a 12-month permit renewal to September 30th,
23 2014. A second permit renewal is for Project 09-076
24 Sara Bush Lincoln Medical Center in Mattoon, this is
25 a 17 -- 17-month permit renewal to February 28th,

1 2015. Thank you, Madam Chair, that is all.

2 CHAIRWOMAN OLSON: Thank you, George.

3 Moving on, next we have Permit Renewal Requests,
4 first Item A-01 Meadowbrook Manor, 18-month permit
5 renewal. Will the representatives from Meadowbrook
6 Manor please come forward?

7 (Representatives come forward.)

8 CHAIRWOMAN OLSON: If you'll state your
9 name and spell it for the court reporter, and then
10 be sworn in.

11 MR. CHARLES SHEETS: Charles Sheets from
12 Polsinelli, S-H-E-E-T-S.

13 MR. JOHN MAZE: John Maze, Meadowbrook
14 Manor. John Maze, M-A-Z-E.

15 MS. ANN COOPER: Ann Cooper, Polsinelli
16 P-O-L-S-I-N-E-L-L-I.

17 (All were sworn.)

18 MR. GEORGE ROATE: On September 1st,
19 2009, the State Board approved Project 08-099, which
20 called for the establishment of a 150-bed general
21 long-term care facility in Geneva. Board staff
22 notes the project is obligated, and the project cost
23 is \$25.3 million. Board staff notes this is the
24 permit -- this is the permit holder's third renewal
25 request, and they're requesting a 18-month permit

1 renewal from July 31st, 2013, to January 31st, 2015.

2 Thank you, Madam Chair.

3 CHAIRWOMAN OLSON: Thank you, George.

4 Comments, Mr. Sheets?

5 MR. CHARLES SHEETS: Good morning, Madam
6 Chair, Members of the Board. We were here because
7 we didn't have a commitment from HUD on the project,
8 and Justice Greiman gave us six months, even though
9 we asked for three, and I'm really glad, because we
10 got the commitment right at the end of the six
11 months, and I believe that commitment has been
12 distributed for your review, so we would ask for a
13 renewal so we can start construction and finish the
14 project.

15 CHAIRWOMAN OLSON: Questions from the
16 Board?

17 (No questions.)

18 CHAIRWOMAN OLSON: Seeing no questions,
19 may I have a motion to approve the renewal request
20 for Meadowbrook Manor?

21 RICHARD SEWELL: So moved.

22 DAVID PENN: Second.

23 MR. NELSON AGBADO: Motion made by
24 Mr. Sewell, second by Mr. Penn.

25 CHAIRWOMAN OLSON: Roll call vote,

1 please?

2 MR. NELSON AGBADO: Yes. Mr. Bradley.

3 PHILIP BRADLEY: Yes.

4 MR. NELSON AGBODO: Dr. Burden.

5 DR. JAMES BURDEN: Yes.

6 MR. NELSON AGBADO: Senator Demuzio.

7 SENATOR DEMUZIO: Yes.

8 MR. NELSON AGBADO: Justice Greiman.

9 JUSTICE ALAN GREIMAN: Yes.

10 MR. NELSON AGBODO: Mr. Hayes.

11 VICE-CHAIRMAN HAYES: Yes.

12 MR. NELSON AGBODO: Mr. Penn.

13 DAVID PENN: Yes.

14 MR. NELSON AGBODO: Mr. Sewell.

15 RICHARD SEWELL: Yes.

16 MR. NELSON AGBODO: Chairwoman Olson.

17 CHAIRWOMAN OLSON: Yes. The motion

18 passes. Thank you very much. Good luck.

19 Next I have 07-138 Edward Hospital

20 Naperville, permit renewal from, for 12 months.

21 Would the applicants please come to the table?

22 Good morning. If you would spell your

23 name for the court reporter and then be sworn in?

24 MR. KARI RUNGE: Kari Runge, R-U-N-G-E.

25 MR. ROGER PIERCE: Roger Pierce,

1 P-I-E-R-C-E.

2 (All were sworn.)

3 CHAIRWOMAN OLSON: George?

4 MR. GEORGE ROATE: Thank you, Madam

5 Chair. Board staff would like to note this report

6 was mailed as part of their supplemental mailing.

7 On February 26, 2008, the State Board approved

8 Project 007-138. The permit called for a

9 modernization slash construction project at Edward

10 Hospital in Naperville. The applicants -- the

11 permit holder is requesting 12-month permit renewal

12 for the second permit renewal from September 30th,

13 2013, to September 30th, 2014. Thank you, Madam

14 Chair.

15 CHAIRWOMAN OLSON: Thank you, George.

16 Comments from the applicants?

17 MR. KARI RUNGE: Well, I just want to

18 point out that as of today the project is 87 percent

19 complete, we're on the last phase of the project,

20 and we expect construction to be complete by

21 February of 2014.

22 CHAIRWOMAN OLSON: Thank you. Questions

23 from the Board?

24 (No questions.)

25 CHAIRWOMAN OLSON: Seeing no questions,

1 may I have a motion to approve?

2 JUSTICE ALAN GREIMAN: Moved, so moved.

3 DAVID PENN: Second.

4 MR. NELSON AGBADO: Motion made by
5 Justice Greiman, second by Mr. Penn.

6 CHAIRWOMAN OLSON: Roll call vote,
7 please.

8 MR. NELSON AGBADO: Yes. Mr. Bradley.

9 PHILIP BRADLEY: Yes.

10 MR. NELSON AGBODO: Dr. Burden.

11 DR. JAMES BURDEN: Yes.

12 MR. NELSON AGBODO: Senator Demuzio.

13 SENATOR DEMUZIO: Yes.

14 MR. NELSON AGBODO: Justice Greiman.

15 JUSTICE ALAN GREIMAN: Yes.

16 MR. NELSON AGBODO: Mr. Hayes.

17 VICE-CHAIRMAN HAYES: Yes.

18 MR. NELSON AGBODO: Mr. Penn.

19 DAVID PENN: Yes.

20 MR. NELSON AGBODO: Mr. Sewell.

21 RICHARD SEWELL: Yes.

22 MR. NELSON AGBODO: Chairwoman Olson.

23 CHAIRWOMAN OLSON: Yes. That's eight
24 votes in the affirmative, the motion passes.

25 There are no extension requests. Thank

1 you by the way, I'm sorry.

2 Exemption Requests, C-01, Project
3 019-13, Delnor Medical Office Building for a change
4 of ownership.

5 Welcome. If you could please state your
6 name for the court reporter and be sworn in.

7 MR. JACK AXEL: Jack Axel, A-X-E-L.

8 MR. ROBERT FRIEDBERG: Robert Friedberg
9 F-R-I-E-D-B-E-R-G.

10 MR. JOHN YEP: John Yep, Y-E-P.

11 MS. HONEY SKINNER: Honey Skinner,
12 S-K-I-N-N-E-R.

13 (All were sworn.)

14 CHAIRWOMAN OLSON: Comments for the
15 Board? Oh, I'm sorry, George.

16 MR. GEORGE ROATE: Thank you. Delnor --
17 the applicants, Delnor Community Health System, HC
18 Geneva Partners 1, LLC, and CDH Delnor Health System
19 are acquiring controlling interest in a medical
20 office building located on the campus of Delnor
21 Community Hospital in Geneva. The fair market value
22 of the transaction is \$22.9 million, and there are
23 no letters of opposition -- no letters of support or
24 opposition were received by the State Agency, and
25 there's no request for a public hearing. Thank you,

1 Madam Chair.

2 CHAIRWOMAN OLSON: Okay, comments for
3 the Board?

4 MR. ROBERT FRIEDBERG: Good morning. My
5 name is Robert Friedberg, I'm Executive
6 Vice-president for Kings Health and President of
7 Delnor campus in Geneva. I'm joined by John Yep
8 from Kings Health, as well, Honey Skinner from
9 Sidley, and John Axel from Axel & Associates. Thank
10 you for the opportunity to present to this Board.

11 The medical office building that Delnor
12 is acquiring was approved by this board in 2004 and
13 was opened in early 2006. And it's a building
14 that's physically connected to our hospital. The
15 vast majority of the building falls as physician
16 offices, but it does have a couple of clinics that
17 we do operate as hospital-based clinics inside that
18 space, as well. Delnor has always had about a 20,
19 as had a 20 percent ownership interest in the
20 building, and HC Geneva, which is owned by Hamus
21 Corporation, owns the remaining 80 percent. Through
22 the post-transaction, Delnor will be acquiring HC
23 Geneva's interest in the building. The independent
24 appraisal value of the building was \$22.9 million,
25 Delnor is going to assume \$14.3 million of

1 outstanding debt, and about \$8.2 million of cash,
2 totaling \$22 and a half million in value. In
3 addition, about \$420,000 is transactional related to
4 the possible rate going through this transaction
5 adding up to the \$22.9 million for the project.

6 We appreciate all the assistance we've
7 gotten from staff, the staff report is clean,
8 positively no public hearing was called for, and
9 we're not aware of any opposition to the project.
10 Thank you.

11 CHAIRWOMAN OLSON: Thank you. Questions
12 from the Board?

13 (No questions.)

14 CHAIRWOMAN OLSON: Seeing no questions,
15 I would ask for a motion to approve the change of
16 ownership for Delnor Medical Building in Geneva.

17 JUSTICE ALAN GREIMAN: So moved.

18 RICHARD SEWELL: Second.

19 MR. NELSON AGBADO: Motion made by Judge
20 Greiman, second by Mr. Sewell.

21 CHAIRWOMAN OLSON: Roll call vote,
22 please.

23 MR. NELSON AGBODO: Mr. Bradley?

24 PHILIP BRADLEY: Yes.

25 MR. NELSON AGBODO: Dr. Burden.

1 DR. JAMES BURDEN: Yes.

2 MR. NELSON AGBODO: Senator Demuzio.

3 SENATOR DEMUZIO: Yes.

4 MR. NELSON AGBODO: Justice Greiman.

5 JUSTICE ALAN GREIMAN: Yes. Mr. Hayes.

6 VICE-CHAIRMAN HAYES: Hayes.

7 MR. NELSON AGBODO: Mr. Penn.

8 DAVID PENN: Yes.

9 MR. NELSON AGBODO: Mr. Sewell.

10 RICHARD SEWELL: Yes.

11 MR. NELSON AGBODO: Chairwoman Olson.

12 CHAIRWOMAN OLSON: Yes. That's eight

13 votes in the affirmative, the motion passes. I'm

14 going to throw a little curve ball here, I was

15 supposed to request a change in the agenda to move

16 Palos Extended Care up in the agenda, it was a

17 special request that was made and granted, so if

18 everybody could pull the Palos Hills Extended Care

19 application, it's H-09, and the applicants can come

20 to the table. I apologize I was supposed to do

21 that.

22 MR. NATAN WEISS: That's quite all

23 right, thank you.

24 CHAIRWOMAN OLSON: Do I need a motion to

25 change the agenda? Can I have a motion to change

1 the agenda?

2 SENATOR DEMUZIO: Motion.

3 CHAIRWOMAN OLSON: And a second?

4 VICE-CHAIRMAN HAYES: Yes.

5 CHAIRWOMAN OLSON: All in favor, voice
6 vote, say aye.

7 (All in favor voted in the affirmative.)

8 CHAIRWOMAN OLSON: Opposed, like sign.

9 (None opposed.)

10 CHAIRWOMAN OLSON: Motion passes. Thank
11 you. If you could state your name for the court
12 reporter and spell it.

13 MR. NATAN WEISS: Natan Weiss,
14 N-A-T-A-N, W-E-I-S-S.

15 MR. DANIEL WEISS: Daniel Weiss
16 W-E-I-S-S.

17 MR. JOHN KNIERY: John Kniery
18 K-N-I-E-R-Y, and behind me Charles Foley, F-O-L-E-Y,
19 and Stephen Sussholz.

20 MR. STEPHEN SUSSHOLZ: S-U-S-S-H-O-L-Z.

21 (All were sworn.)

22 CHAIRWOMAN OLSON: George?

23 MR. GEORGE ROATE: Thank you, Madam
24 Chair. The applicants are proposing the
25 modernization of 63 beds and the addition of 21

1 long-term care beds to an existing 203 bed long-term
2 care facility resulting in a 224 skilled care bed
3 facility. The anticipated cost of the project is
4 \$17.5 million. The applicants' board staff notes
5 the project does not appear in conformance with
6 provisions of Section 1125, and the applicants'
7 facility has a Medicare rating of one star. Thank
8 you, Madam Chair.

9 CHAIRWOMAN OLSON: Thank you, George.
10 Comments for the Board?

11 MR. NATAN WEISS: Yes. First of all,
12 Madam Chair, Members of the Board, again, I'm Natan
13 Weiss, member of the (inaudible). This is Daniel
14 Weiss, my brother, also a member of the (inaudible),
15 and John Kniery, Charles Foley and Steve Sussholz
16 are our consultants. I'd first like to thank the
17 staff for the work on the State Agency Report and
18 the Board and Ms. Avery for accommodating our
19 request to be heard at this point in the meeting, as
20 I'm leaving the country today, and this allowed me
21 the opportunity to attend and be able to make
22 comments, so thank you very much.

23 CHAIRWOMAN OLSON: You're welcome.

24 MR. NATAN WEISS: While we will be
25 upgrading the physical plant, we will continue, I

1 wanted to let everyone know we're continuing our
2 policy of admitting residents of all pay sources.
3 Our entire facility will remain duly certified for
4 Medicare and Medicaid residents, as is the case with
5 all of our facilities. We do not discriminate or
6 limit the number of Medicaid residents in our
7 facilities. When a resident is admitted under
8 another pay source, if they use all their funds, we
9 help them with Public Aid applications and continue
10 their care in our facilities. Pay sourcing is not a
11 reason for discharge from any of our facilities.
12 Our current Medicaid census is 107, we expect this
13 number to increase minimally during our
14 stabilization period to approximately 112. The bulk
15 of the referrals that we are currently not able to
16 close are short-term Medicare and Medicaid -- and
17 managed care residents. The renovations will allow
18 us to realize admissions from these referrals to
19 increase our overall population. We are committed
20 to maintaining the current number of Medicaid
21 population and continuing to providing services to
22 all clients regardless of pay source. We have this
23 commitment through all of our properties that we
24 operate.

25 Out of the 16 State Agency Report

1 criteria, 13 were found to be compliant. I would
2 like to address the other three. The two issues of
3 concern on the financial criteria were, number one,
4 the ratio is not all meeting the state's norms; and
5 number two, securing availability of funds. The
6 ratios I believe truly needs to be evaluated for
7 long-term care facilities on a consolidated basis
8 for operations and landlord that are related parties
9 such as ours. In doing so, all the projected ratios
10 meet the Board standards or exceed them. If you
11 referring to Page 20 of the CON application, you can
12 see the combined ratios that show that they do
13 exceed or meet the standards.

14 Regarding availability of funds, we are
15 committed to this project, we have extensive
16 experience with receiving and maintaining financing
17 for our long-term care facilities. We have already
18 spent over a million dollars on purchasing the land
19 for the rest of the block in order to provide space
20 for this project, and we will be funding the equity
21 portion of the project for ongoing operations and
22 equity. Furthermore, the operational net income
23 will not be used for other items. Because we've
24 entered into a binding resolution stating the
25 partners will not take distributions outside of tax

1 requirements for the operations, thereby ensuring
2 available equity. It should be noted that this
3 project is different from most other long-term care
4 projects as it has an ongoing operation of which the
5 proposed project in no way diminishes, but will
6 enhance overall utilization and hopefully cash flow,
7 therefore, will be easier to finance.

8 I would also like to point out that our
9 last appraisal from September of 2012 was for \$9.7
10 million; our current debt is below \$2.7 million.
11 This means we have a current equity of over \$7
12 million in this facility that is not reflected in
13 application data criteria. We have a relationship
14 with multiple banks, and we have obtained financing
15 from them for long-term care projects as recently as
16 this May.

17 Regarding the need criteria, the most
18 relevant fact regarding -- related to this issue is
19 that the project is needed regardless of the bed
20 need calculation. The beds need to be replaced, an
21 issue that has already been approved once in
22 findings upheld by state staff in their State Agency
23 Report.

24 In addition, within the CON application
25 as filed, we documented approximately 342 historical

1 referrals from Advocate Christ Medical Center,
2 little company Mary Hospital and Palos Community
3 Hospital. We also provided an update for the first
4 six months of calendar year 2013. The facility was
5 referred 451 potential residents, of which only 36
6 percent or 101 were actually admitted due to the
7 existing physical plant issues of three and four bed
8 wards, gender issues, isolation and behavioral
9 issues that result from the current physical plant.
10 Therefore, the renovations and additional beds are
11 needed, warranted, and within the state 10 percent
12 rule.

13 In conclusion, we ask the Board support
14 for this project. Your approval will allow us to
15 proceed with this much needed modernization. It is
16 my understanding that this is the type of project
17 this board wants to encourage to better utilize the
18 existing nursing facilities. We'd like to thank the
19 Board for its consideration, and would be pleased to
20 address any questions you may have.

21 CHAIRWOMAN OLSON: Thank you. John.

22 MR. JOHN KNIERY: I'd like to point out
23 again that there were no, there was not a public
24 hearing, and there was no opposition to this
25 project. I think we'd be more than happy, one

1 thing, to go into with the star ratings, but we'd
2 really be more than happy to open it up for
3 questions first.

4 CHAIRWOMAN OLSON: Questions from the
5 Board? Mr. Sewell.

6 RICHARD SEWELL: It seems like there's,
7 you, with your letters of referral document a demand
8 for these 21 beds, but there's no need in the
9 planning area. And I, and I didn't say it like
10 that, but there should be an exclamation point
11 behind it. You know, I don't know why we would
12 approve this just because you can justify the
13 demand. That goes against everything we know about
14 planning. The region does not need the beds, so
15 what -- why are you asking for these 21 beds?

16 MR. JOHN KNIERY: If I can address the
17 need first, and then the second part is, you know,
18 why does the addition for this facility, it's an
19 economy to scale, they're incurring a cost on top of
20 an existing debt that, so they, they're asking for
21 the beds to offset some of those costs and to help
22 them physically have a quality facility.

23 RICHARD SEWELL: So you wouldn't be a
24 viable financial operation without these additional
25 beds?

1 MR. JOHN KNIERY: I wouldn't say that, I
2 would say that it, it just enhances the, the
3 operations. In addition -- there's two issues,
4 there's two issues in my mind. The planning act
5 allows any existing building, any existing facility,
6 regardless of their need, to increase their
7 utilization by 10 percent. Up to, up to 20 beds.
8 When we filed this application, there was a need,
9 there was a need for 192 additional beds in the
10 previous inventory, if we would have been heard at
11 the last meeting. That, what's interesting is that
12 inventory had a five-year projection from today. It
13 went out through 2018. Currently, the new
14 inventory, you are correct, there is, there's a
15 negative 889 beds in the planning area, that's a
16 1,081 bed swing. I question it somewhat, I have not
17 finished going through the entire methodology. The
18 one, couple things as I pointed out, the five-year
19 projection that's required takes it up to, they use
20 the base here 2010, so it would only use a five-year
21 projection of 2015, we're already two years away on
22 that. This project is not a bed need project, as it
23 is a facility physical need project. The additional
24 beds we're asking for truly aren't out of the
25 inventory as they are, as we are addressing the act

1 and the 10 percent rule out of the act.

2 CHAIRWOMAN OLSON: But the 10 percent
3 rule would warrant 20 beds, not 21 beds.

4 MR. NATAN WEISS: Right. Madam Chair,
5 the, originally when we filed, we were at that 21,
6 when it came to architectural drawings it worked out
7 for 21 with the space, and because there was a bed
8 need, we didn't think the one extra bed was an
9 issue. Now that we applied months ago and the bed
10 need changed, that one bed is the one over the 10
11 percent rule.

12 MR. JOHN KNIERY: And Mr. Weiss had
13 advised me, and I did talk with staff, if we needed
14 to, they'd be more than happy to make that
15 adjustment by making it one, just one more
16 additional private room, it's not a, not a hard
17 thing, and they would commit to maintain that within
18 the rules, within the parameters of the rules.

19 CHAIRWOMAN OLSON: So you would agree to
20 20 beds to stay in the rules.

21 MR. NATAN WEISS: Yes.

22 CHAIRWOMAN OLSON: Duly noted. Mr.
23 Carvalho?

24 DAVID CARVALHO: Excuse me, I don't
25 usually get involved in an application unless I

1 think something a little misleading is being said.
2 You could not add 20 beds under the statute for \$17
3 million. You could only add beds if you stayed
4 under 3, or whatever the threshold is, not 3.5227.

5 MR. NATAN WEISS: Seven.

6 DAVID CARVALHO: Seven. So this
7 project, if you had apply, if you plan on doing this
8 project at 20 beds, you'd still need a CON, you
9 could not do that as a right.

10 MR. NATAN WEISS: Absolutely. That's
11 correct, I think the differentiation is we can do
12 this project with a CON need without the 20 beds;
13 for the 17 million we would need a CON. And then,
14 but the 20 beds can be added by statute.

15 CHAIRWOMAN OLSON: Okay, I'm confused.

16 MR. JOHN KNIERY: Well, and I don't want
17 belabor, I mean I don't want to get into it, but we,
18 there has been precedent, the Board has seen
19 projects like this before where there was a, there
20 was not a need, there was a replacement project, a
21 partial replacement project and the increased
22 capacity. I don't think the two things are, I think
23 they're running simultaneous I don't think that
24 they're -- they run parallel, I don't think they,
25 one triggers the other.

1 CHAIRWOMAN OLSON: George?

2 MR. GEORGE ROATE: Ma'am.

3 CHAIRWOMAN OLSON: Did you have
4 something to say?

5 MR. GEORGE ROATE: Although projects
6 have been heard in the past and have been approved
7 with a bed need, once again, these projects, or
8 these projects are viewed on, or I should say
9 reviewed by the Board on their own merit and
10 shortcomings. Just wanted to remind the Board of
11 that.

12 CHAIRWOMAN OLSON: Other questions or
13 comments?

14 DR. JAMES BURDEN: I agree with what I
15 just heard regarding the comments. I'm having
16 trouble understanding how we can overlook the review
17 that demonstrates the need of almost of 890
18 long-term care bed access. What are we talking
19 about? Is there something wrong with that figure?
20 I mean how can we look at this and say yea, go
21 ahead. That to me is almost insurmountable. I mean
22 that's an awesome over access, and we've listened to
23 applicants here with excess of 40 or 50 beds and
24 gotten chagrin when we shot it down.

25 CHAIRWOMAN OLSON: But can I make a

1 suggestion or a comment? I do believe that you've
2 demonstrated a need for the renovation, I mean
3 clearly your Medicare star rating is one, you've got
4 some issues that need to be addressed. I'm
5 wondering if we could change the application to
6 approve the existing beds for renovation without
7 adding any beds. Is that -- I mean are you asking
8 the economic feasibility question.

9 MR. JOHN KNIERY: Give me one second,
10 please.

11 MR. NATAN WEISS: Madam Chair, if that's
12 the only issue with this project, we'd be more than
13 happy to remove the 21 beds and move on with the
14 renovation.

15 CHAIRWOMAN OLSON: Okay. So apparently
16 I'm told that's not just quite as simple as I
17 thought it was. Because obviously the price tag is
18 going to change, which would --

19 MR. NATAN WEISS: The facility will
20 remain the same, because the, the, we'll add 20
21 more -- we'll add more private rooms and reduce more
22 beds --

23 CHAIRWOMAN OLSON: So the \$17 million
24 would not substantially change if we.

25 MR. NATAN WEISS: Correct.

1 CHAIRWOMAN OLSON: You would just do
2 more private rooms.

3 MR. NATAN WEISS: Yes. We would convert
4 more 3's to 2's and add more private rooms, we were
5 just talking with the architect, we would have to
6 figure out how you --

7 CHAIRWOMAN OLSON: Yeah, I know, I
8 through you a curve there.

9 MR. NATAN WEISS: Yes.

10 CHAIRWOMAN OLSON: Is there a board
11 comment?

12 RICHARD SEWELL: Oh, no, is this about
13 the same thing? I have another issue.

14 CHAIRWOMAN OLSON: Oh, no.

15 RICHARD SEWELL: Keep going with this
16 issue.

17 PHILIP BRADLEY: I have a follow-up to
18 this. If you agree to not ask for the additional
19 beds as part of this CON, it's your contention that
20 you have the right to do them anyway, is that
21 correct?

22 MR. NATAN WEISS: They're -- I don't
23 believe at this point we would have the right to do
24 the 21 beds, no.

25 PHILIP BRADLEY: So if you were to take

1 some kind of an agreement like that, would you
2 pledge not to do the additional beds?

3 MR. JOHN KNIERY: The rules do allow
4 that two years after a project is complete, you can
5 add to capacity. If you're saying would we not do
6 that, I would ask that at least give us that
7 opportunity if we come back before you.

8 PHILIP BRADLEY: Well, your contention
9 is you don't need to come back before us to add
10 beds.

11 MR. JOHN KNIERY: Right.

12 PHILIP BRADLEY: I'm asking would you
13 pledge not to come back before us to ask for bed
14 beds.

15 MR. JOHN KNIERY: We'd really have -- I
16 really need to discuss with the client a little bit
17 more. There, they do have potential project for the
18 balance of beds to replace or modernize that, the
19 original building. So there, there's so many
20 working parts and moving parts on this, I would be
21 hard, I'd be more than comfortable to say we
22 wouldn't just do it as the act allows us to, but I
23 would, I would feel more comfortable if we could at
24 least have that open dialogue with the Board and
25 come back, and have the privilege to come back

1 before the Board. If we can, like, there is a
2 potential, there is a potential 'nother project with
3 the balance of the facility.

4 PHILIP BRADLEY: So you're giving me two
5 answers to the same question. Either you think you
6 can do it without asking for their permission, or
7 you don't think so. I believe you think you can do
8 it. I'm asking you would you pledge not to do it
9 without coming to us.

10 MR. JOHN KNIERY: Oh. I misunderstood
11 you then. Yes, I, I think we would pledge not to do
12 it without coming before you.

13 PHILIP BRADLEY: Okay.

14 CHAIRWOMAN OLSON: Okay. So did we
15 decide if -- you're going to have to speak.

16 MR. FRANK URSO: Can I just make a
17 comment here? Make sure I have these facts right.
18 John, this particular proposal, the application asks
19 for the modification of 63 beds and the addition of
20 21 long-term care beds, correct.

21 MR. JOHN KNIERY: Correct.

22 MR. FRANK URSO: Now on the table we're
23 talking about just doing the modernization of 63
24 beds and dropping and deleting the 21 long-term care
25 beds in addition to those? Is that what's on the

1 table at this point in time?

2 MR. NATAN WEISS: Yes, that's what --

3 MR. FRANK URSO: Okay. So based upon
4 our new 1130 rules, any change in the bed number
5 from the original application triggers a Type A
6 modification.

7 MR. JOHN KNIERY: Correct.

8 MR. FRANK URSO: Okay, so therefore, a
9 public hearing, there should be an opportunity for a
10 public hearing. So if that's the way that this
11 thing processes, then this particular applicant
12 should probably defer until we have the public
13 hearing opportunity expressed, because of the Type A
14 modification.

15 CHAIRWOMAN OLSON: So we're a victim of
16 our own rule, so. Does the Board wish to go ahead
17 and vote on the project as it stands with the
18 additional 21 beds, or to give the applicant the
19 opportunity to defer and wait for a public hearing
20 if requested and come back to the next meeting?

21 You don't want to defer.

22 MR. NATAN WEISS: No, I'd like to make a
23 comment before you just decide on that.

24 CHAIRWOMAN OLSON: Sure.

25 MR. NATAN WEISS: The, one of the issues

1 that we've had and that we will have is that to make
2 this financially feasible, of course, we have to be
3 within time lines that make sense and work. We're
4 currently dealing with a facility that we're
5 basically hog tied because of the constraints of the
6 three and four-bed rooms, and we had to wait until
7 we were in a financial position to move forward with
8 the CON process, which is what we did when we took
9 over in July of 2010 and we first got the building
10 stabilized with all the issues going on. If we were
11 to push this off to this board meeting that I
12 believe it will push off our construction a complete
13 year, and that will then create other financial
14 issues with all the other things going on.

15 The reason that we didn't put a change
16 in when the bed need came back different was because
17 we didn't want to push off the hearing another
18 month, two months, three months, that was why we
19 continued forward and hoped that the Board would see
20 that, under current rules, if we had the space, or
21 if we spent less than \$7.1 million, we could add 20
22 beds without coming to the Board, without approval.
23 Therefore, we thought the one bed, I understand
24 there's no bed need today, there was when we
25 applied, the one bed wouldn't be something that

1 would hinder the Board from approving a plan that
2 was applied under the prior.

3 There also was no public hearing
4 requested for, with the addition of the beds,
5 including all the nursing homes in the area, all the
6 hospitals, all other health care providers, nobody
7 objected, nobody requested a public hearing, nobody
8 is here to speak against us, nobody feels that this
9 is a project that shouldn't be done, nobody has said
10 that.

11 On the other side we've had a lot of
12 people, Mayor, the other hospitals, the doctors
13 who've said this is a great project and should be
14 done. So, you know, to push us off, which would
15 then delay us a minimum of a year because of the
16 change of the bed calculation, which then puts us
17 one bed over what we could have gotten without board
18 approval, I don't -- it's going to hurt us
19 immensely, and I don't know what would happen to
20 change this project to that point.

21 CHAIRWOMAN OLSON: Well, I think you
22 made a good point. I will say, I do believe that
23 this is a good project, it's clearly needed, it's, I
24 mean you got to do something if your Medicare rating
25 is one, and I do appreciate the fact from an access

1 standpoint you are treating a population who needs
2 access to nursing home beds. Like I said, you're a
3 victim of the new inventory, we're a victim of our
4 rules, but I will leave it up to the Board to decide
5 how we might want to proceed.

6 I guess the other piece that happened
7 was you were removed from the last agenda where the
8 need was there, and we did that to you, we placed
9 you on this agenda.

10 JUSTICE ALAN GREIMAN: Well, I move we,
11 I move we accept it subject to the amendments that
12 that they've made here, that they've agreed to.

13 CHAIRWOMAN OLSON: I'm sorry, can you
14 say that again? Can you say that again, Justice? I
15 didn't hear.

16 JUSTICE ALAN GREIMAN: Yeah, that we
17 accept, that we vote in favor of it subject to the
18 amendments that they've agreed upon.

19 CHAIRWOMAN OLSON: But that's the
20 problem, we can't, because if they take away the 20
21 beds, we're, we're tied by our rules that say that's
22 a Type A modification, and they have to allow for a
23 public hearing. There's no way around that.

24 JUSTICE ALAN GREIMAN: Well, anybody out
25 there want to speak about it?

1 (Laughter.)

2 CHAIRWOMAN OLSON: Somebody put clarity
3 on this for us.

4 RICHARD SEWELL: No, I'm not going to.
5 I guess I need to go back over something that's
6 already been talked about, and it's the financial
7 ratios. I think the argument you're making is that
8 when you look -- are you saying that when you look
9 at by consolidated statements or combined financing,
10 you get ratios that are in line with the Board's
11 rules, and that the State Agency Report --

12 MR. NATAN WEISS: Yes.

13 RICHARD SEWELL: -- what did the State
14 Agency Report do that's different than that.

15 MR. NATAN WEISS: Okay, so the State
16 Agency Report requests two different sets of ratios,
17 one is for the operator of the facility, which is
18 the licensee, one is for the landlord, because it's
19 a related party. When you look at those
20 individually, all the ratios do not meet the state
21 agency. Because they're related parties, we're
22 both, members both of them, and we're managers of
23 both. When you put them together and combine their
24 cash, and combine their flows, and combine all the
25 information and ratios, all of the ratios meet or

1 exceed the state recommendations. We did provide
2 that in the CON as a third addendum just for
3 clarification, because the first two didn't match
4 up.

5 MR. JOHN KNIERY: Mr. Sewell, I think
6 you see this with the majority of long-term care,
7 and it's different, and why is it different?
8 Because hospitals don't have an owner and an
9 operator typically. Surgery centers have, are, most
10 of them, ESRD's are, you know, in a lease
11 arrangement where the landlord is not considered a
12 co-applicant. So this is different because you
13 truly have two entities for a variety of reasons.

14 RICHARD SEWELL: George is in
15 conversation, but I guess I wanted to hear a
16 response to that.

17 CHAIRWOMAN OLSON: We're still trying to
18 figure out our own rules.

19 RICHARD SEWELL: Oh, well, I heard an
20 interesting thing about the financial.

21 PHILIP BRADLEY: I have a question in
22 the meantime.

23 CHAIRWOMAN OLSON: Yes, Mr. Bradley.

24 PHILIP BRADLEY: You talk about cutting
25 down the number of beds in existing rooms.

1 Apparently you've got rooms with three and four beds
2 that you want to reduce.

3 MR. NATAN WEISS: Yes.

4 PHILIP BRADLEY: And the implication
5 kind of is that we need additional beds to house
6 those people. But I don't think that's really what
7 you're saying, is it?

8 MR. NATAN WEISS: I think that what
9 we're looking to do is to take care of the people
10 that are referred to us that would like to come to
11 us but do not want to be in a three and four-bed
12 room. We also have currently people in three and
13 four-bed rooms that would prefer two's and one's,
14 and by doing this, we're able to move the major
15 majority of all those people out of three bed rooms
16 and into two.

17 PHILIP BRADLEY: But they're in beds
18 that count now in your inventory; why would you need
19 additional beds in your inventory to take care of
20 them? You're just moving a bed from one room to
21 another.

22 MR. JOHN KNIERY: Yes, and there is
23 capacity in the existing facility based on licensed
24 beds. However, we, we cut, we try to cut our
25 presentation short because the Board allowed us, you

1 know, to move in the agenda, so I appreciate that.

2 But --

3 PHILIP BRADLEY: Well, that begs another
4 question. Are you saying you have licensed beds now
5 that you don't have people in?

6 MR. NATAN WEISS: Yes.

7 PHILIP BRADLEY: Why would you need
8 additional beds if you haven't filled everything
9 you've got?

10 MR. NATAN WEISS: We currently have in
11 this facility -- we run eight facilities in the
12 state of Illinois. Our current admission ratio in
13 this building for referrals is under half of what it
14 is in all of our other facilities. So we are
15 getting the requested -- we're being requested to
16 provide the services, but they're not -- we're not
17 able, number one, to take care of the people in some
18 of the rooms, and number two, once they come in and
19 they see three and four-bed rooms, they don't want
20 to come. So we'd like to modernize and make this
21 into a better situation so those people will come.
22 We also like to modernize for people that are
23 currently there. Once we go and start this project
24 and we went in and got a cost estimate and we built
25 the layouts, and like I said, we spent a million

1 dollars on land, adding those 20 or 21 beds makes
2 the entire process more financially feasible in
3 order to make it easier with the financing later on
4 and going on to step two of getting rid of the old
5 building altogether in the future and creating a new
6 complete new building for all the residents we've
7 got.

8 CHAIRWOMAN OLSON: Well, and I would
9 like to be on record as saying you, when you guys in
10 the nursing home industry, and I had this
11 conversation with Michael Waxman last week, you have
12 beds that you say you have, and you have beds that
13 you use, and you explained to me the reason for that
14 has to do with your financing, but that's how you
15 get yourself in this situation, that we have to try
16 to make decisions based on ferreting out the beds
17 are there, but are they really using them.

18 MR. NATAN WEISS: So the goal for this
19 project is to fix that so that all licensed beds
20 will be useable, available, and able to service the
21 public that is requesting our services.

22 PHILIP BRADLEY: But if you've got
23 licensed beds now that you're not using, how many is
24 that number?

25 MR. NATAN WEISS: The mass capacity is

1 set up at any time has been 174 out of the 203, but
2 like I said, if we were to --

3 PHILIP BRADLEY: So you've got 30 some
4 odd beds authorized that you're not using.

5 MR. NATAN WEISS: Correct. Which is, we
6 can't, we can't, it would be very difficult, it
7 would be like, for instance, if --

8 PHILIP BRADLEY: I understand that those
9 beds aren't useable, but if you build new beds, why
10 don't they come in under your limited beds.

11 MR. NATAN WEISS: 63 of those will. In
12 order to fund the project easier and to make it more
13 viable long-term, once we're spending the \$17
14 million, it's an easier financing and it's easier to
15 run a building that has enough patients in it to
16 operationally run it and financially to finance it.

17 MR. JOHN KNIERY: Mr. Bradley, there are
18 30 beds between set-up capacity and licensed
19 capacity that, that we're replacing, and then
20 additional, there's an additional beds, 33 on top
21 that are operational that we're also replacing. So
22 we are addressing that concern.

23 CHAIRWOMAN OLSON: Okay, so end result,
24 if this project is approved there would be 224
25 skilled care beds in your facility.

1 MR. NATAN WEISS: Yes, ma'am.

2 CHAIRWOMAN OLSON: How many of those
3 beds would have a body in them?

4 MR. NATAN WEISS: When we are done?

5 CHAIRWOMAN OLSON: A live body. Yes.

6 MR. NATAN WEISS: Over 90 percent.

7 CHAIRWOMAN OLSON: So you still wouldn't
8 use them all.

9 RICHARD SEWELL: No, that's just, that's
10 the average occupancy.

11 CHAIRWOMAN OLSON: That's your average
12 daily census.

13 MR. NATAN WEISS: Yeah, it would be, in
14 the nursing homes we go day-by-day, people leave and
15 come in, so we have to have a capacity more than 100
16 percent.

17 CHAIRWOMAN OLSON: All right. So it
18 appears as though we can't just tell you to not do
19 the 21 beds, that, that is a typing modification we
20 have to start over. So I think that we have to vote
21 on the project as it stands before us today. Did
22 you have a question, Senator?

23 SENATOR DEMUZIO: No.

24 CHAIRWOMAN OLSON: Are there any other
25 questions?

1 DAVID PENN: Earlier you wanted to
2 comment on the star rating, I'm going to give you
3 this opportunity right now to make a comment.

4 MR. JOHN KNIERY: Thank you, Mr. Penn.

5 MR. DANIEL WEISS: Thank you. Star
6 ratings are largely not indicative of who we are
7 today, rather, who we were in the past. They're
8 also a snapshot in time, do not tell the entire
9 story of our facility. They're not always an
10 accurate test, exemplified by one of our stories in
11 Geneva who received an immediate jeopardy violation
12 because a resident requested to be served soft
13 boiled eggs. That violation, although we attempted
14 to dispute it, and the department kept it as, as
15 violation, which got re -- which in court and a
16 judge in Texas overruled, we don't have the funds to
17 spend \$50,000 to overrule it, dropped our facility
18 from a four-star facility to a one-star facility
19 overnight. While all our other measurements
20 continue to be at high levels, three and four stars.

21 All of our eight facilities quality
22 measures are four out of five-star rated, and we'd
23 be happy to go through each facility's rating if you
24 desire. If not, I'd like to limit my comments to
25 Palos.

1 Presently, Palos is a four-star quality
2 measures facility, a three-star facility in staffing
3 mainly due to our difficulty in recruiting R.N.'s to
4 an older facility. It's a one-star facility in its
5 health survey rating due to poor surveys from prior,
6 from 2010. We had increased complaints due to the
7 physical plant, and the number of violations which
8 the majority are physical plant, making the facility
9 overall rating automatically a one-star. While
10 staffing is a three-star, and the quality measure is
11 currently is a four-star.

12 So what I would say is that the star
13 rating system is flawed, and that it doesn't paint
14 an accurate picture of what our facility does as it
15 relates to the quality of care.

16 CHAIRWOMAN OLSON: Thank you. Other
17 questions? Okay, could I have a motion to approve
18 Project 13-032, Palos Hills Extended Care Center in
19 Palos Hills?

20 JUSTICE ALAN GREIMAN: So moved.

21 CHAIRWOMAN OLSON: Second?

22 VICE-CHAIRMAN HAYES: Second.

23 MR. NELSON AGBADO: Motion made by
24 Justice Greiman, seconded by Mr. Hayes.

25 CHAIRWOMAN OLSON: Roll call vote,

1 please?

2 MR. NELSON AGBADO: Yes, please. Mr.
3 Bradley.

4 PHILIP BRADLEY: Well, from what we've
5 heard here today, they would have us believe that
6 our guidelines for determining planning area need
7 are wrong, and that Medicare's guidelines for
8 determining planning area need are wrong. And if
9 you accept that, this may make sense. But if you
10 believe that our rules are correct and that the
11 planning area need is nonexistent and, in fact,
12 there are 889 more long-term care beds than there
13 should be that are needed, and if you believe that
14 they haven't shown the financial feasibility and
15 adequate financial for this, then I think you have
16 to vote no, and that's what I vote.

17 MR. NELSON AGBADO: Thank you.
18 Dr. Burden.

19 DR. JAMES BURDEN: I concur with Mr.
20 Bradley, there has been a long discussion on many
21 occasions regarding Medicare star ratings, we have
22 to accept that as it is, even though I understand
23 what the applicant has said, and there's certainly
24 merit to it, but based on all the discussion we've
25 had, I'm going to vote no.

1 MR. NELSON AGBADO: Thank you. Senator
2 Demuzio.

3 SENATOR DEMUZIO: Yes, in regard to the
4 conversation and looking at some of the criteria
5 both and the staffing, and also the financial, I
6 vote no.

7 MR. NELSON AGBADO: Thank you. Justice
8 Greiman.

9 JUSTICE ALAN GREIMAN: I'm in somewhat
10 of a libertarian in medical care, I think that
11 they've agreed to change their original request in a
12 very sensible way, and I think we're, we're -- while
13 I believe we have to pay attention to the
14 statistics, I think we also have to consider in
15 terms of on a case-by-case basis, and I vote yes.

16 MR. NELSON AGBADO: Thank you. Mr.
17 Hayes.

18 VICE-CHAIRMAN HAYES: Yes.

19 MR. NELSON AGBADO: Thank you. Mr.
20 Penn.

21 DAVID PENN: Based on excess beds needs
22 in the area and the financial information provided,
23 I'm going to vote no.

24 MR. NELSON AGBADO: Thank you.
25 Mr. Sewell.

1 RICHARD SEWELL: I vote no, because of
2 the bed need, and I'm pretty sure I agree with the
3 applicant, though, on the issue of using all of
4 their corporations for the ratio analysis, but I'm
5 not, I don't think that overrides the bed issue, so
6 I vote no.

7 MR. NELSON AGBADO: Thank you. Madam
8 Chair Olson.

9 CHAIRWOMAN OLSON: I vote yes based on
10 the access needed for the population that this
11 facility serves.

12 MR. NELSON AGBADO: Three in positive,
13 five in negative.

14 CHAIRWOMAN OLSON: The motion fails, you
15 will be sent an Intent to Deny. Thank you, and safe
16 travels.

17 MR. JOHN KNIERY: Thank you for
18 accommodating us.

19 MR. FRANK URSO: You'll have another
20 opportunity to come before the Board, as well, to
21 submit additional information.

22 CHAIRWOMAN OLSON: Okay, we wanted to go
23 back to the original order of agenda. Oh, it's
24 12:22.

25 I'm going to suggest now that we break

1 for lunch and reconvene at exactly 1 p.m. Thank
2 you.

3 (A lunch recess was taken at 12:22 p.m.)

4 (Back on the record at 1:04 p.m.)

5 Q (By Chairwoman Olson) I'm going to call
6 the meeting back to order. I do apologize, I know
7 that a 45-minute lunch in this venue was probably
8 not a wise choice, so please accept my apologies,
9 but we do have a lot to get through on the agenda,
10 so we're going to see if we can't get through that.

11 The next order of business is Alteration
12 Requests. Project D-1, 11-019, Advocate Christ
13 Medical Center in Oak Lawn. I would like to note
14 that this project has no opposition and no findings.
15 So with the Board's approval, I would ask that maybe
16 the applicants would -- I mean obviously we're going
17 to let George report, but if you can state your name
18 and be sworn in and probably just open it to
19 questions, if that's okay with the board members.
20 Any objection?

21 You know what, this is not right, there
22 is a finding. I'm sorry, there is a finding. Just
23 state your names and be sworn in, please.

24 MR. JOE OURTH: Joe Ourth, O-U-R-T-H.

25 MR. JEFF SO: Jeff So, S-O.

1 MS. WENDY MULVIHILL: Wendy Mulvihill,
2 M-U-L-V-I-H-I-L-L.

3 (All were sworn.)

4 CHAIRWOMAN OLSON: George?

5 MR. GEORGE ROATE: Thank you, Madam
6 Chair. The applicants -- the State board approved
7 Project -- Permit Number 11-019 to construct a
8 nine-story ambulatory care building on the campus of
9 Advocate Christ Medical Center in Oak Lawn. The
10 approved project cost was \$202,301,558. The permit
11 holders are proposing to decrease this permit amount
12 by \$10,477,895 from the 202 point 3 million to
13 \$191,823,663, which represents a decrease of 5.2
14 percent. These are, these are figures that are
15 corrected from what you see on your first page. If
16 anybody would like me to repeat these, I can repeat
17 these figures again.

18 CHAIRWOMAN OLSON: Everybody okay with
19 the numbers?

20 (No response.)

21 CHAIRWOMAN OLSON: Okay. Comments for
22 the Board, or questions, or how would you like to.

23 MR. JEFF SO: We'd be happy to address
24 any questions that you have. I -- just to save
25 time, I know you are very business on the schedule.

1 CHAIRWOMAN OLSON: Thank you. Questions
2 from board members?

3 VICE-CHAIRMAN HAYES: Thank you. What
4 is the reason for this? It seems like you've gone
5 through at least a couple of changes or
6 modifications on this project in the last, what, six
7 months to a year already. And what is the reason
8 for that?

9 MR. JEFF SO: Well, the reason for that
10 is the fact that the health care environment has
11 been changing on us so quickly in regards to the
12 Affordable Care Act and everything else that's
13 happened on health care reform. We know that on the
14 outpatient campus on the outpatient side, we're
15 still looking at changing reimbursement, so as we're
16 looking at those things, we're modifying to
17 accommodate the different changes that we could
18 document and figure out that are occurring within
19 what we anticipate is going to be the future health
20 care market.

21 VICE-CHAIRMAN HAYES: But the Affordable
22 Care Act has been law since what, March or April of
23 2010.

24 MR. JEFF SO: Right, but we've been
25 doing our analysis and our looking at projections

1 and trying to determine exactly what the Affordable
2 Care Act would mean in terms of implications to the
3 organization, particularly Christ Medical Center, so
4 we've been making adjustments to accommodate that.

5 VICE-CHAIRMAN HAYES: Now does that,
6 you're talking about specifically reimbursements to
7 your inpatient and outpatient facilities.

8 MR. JEFF SO: Absolutely. And in this
9 case it's on the outpatient side. It's an
10 ambulatory pavilion an outpatient pavilion that's
11 pulled together to focus all of our care on the
12 outpatient side. And the recent changes that have
13 come out, they've addressed that for a
14 hospital-based organization, there is extra facility
15 fees associated with providing care. We know that
16 planned design with insurance companies has become
17 more aggressive in regards to insurance companies
18 are trying to move patients away from hospital-based
19 outpatient facilities, so we're trying to make sure
20 we're accommodating that, too, so we've been scaling
21 back our project.

22 VICE-CHAIRMAN HAYES: Okay, thank you.

23 CHAIRWOMAN OLSON: Dr. Burden.

24 DR. JAMES BURDEN: I was going to make
25 sort of an addendum comment. You should talk to

1 Nancy Bowls and she could help you with this
2 problem.

3 I'm joking, but I'm very sympathetic to
4 what you said. As a physician, I don't understand
5 how hospital administrators aren't having sleepless
6 nights over what's going on?

7 MR. JEFF SO: I've had plenty.

8 DR. JAMES BURDEN: I'm sure you have.

9 CHAIRWOMAN OLSON: Other questions from
10 board members? I would entertain a motion to
11 approve Project D-01 11-019, Advocate Christ Medical
12 Center.

13 SENATOR DEMUZIO: Motion.

14 RICHARD SEWELL: Second.

15 MR. NELSON AGBADO: Motion made by
16 Senator Demuzio, second by Mr. Sewell.

17 CHAIRWOMAN OLSON: Roll call, please.

18 MR. NELSON AGBADO: Thank you. Mr.
19 Bradley.

20 PHILIP BRADLEY: Yes.

21 MR. NELSON AGBADO: Dr. Burden.

22 DR. JAMES BURDEN: Yes.

23 MR. NELSON AGBADO: Senator Demuzio.

24 SENATOR DEMUZIO: Yes.

25 MR. NELSON AGBADO: Justice Greiman.

1 JUSTICE ALAN GREIMAN: Yes.

2 MR. NELSON AGBADO: Mr. Hayes.

3 VICE-CHAIRMAN HAYES: Yes.

4 MR. NELSON AGBADO: Mr. Penn.

5 DAVID PENN: Yes.

6 MR. NELSON AGBADO: Mr. Sewell.

7 RICHARD SEWELL: Yes.

8 MR. NELSON AGBADO: Chairwoman Olson.

9 CHAIRWOMAN OLSON: Yes.

10 MR. NELSON AGBODO: That's eight votes.

11 CHAIRWOMAN OLSON: That's eight votes in
12 the affirmative, motions passes. Thank you and good
13 luck.

14 MR. JEFF SO: Thank you.

15 CHAIRWOMAN OLSON: Next is Project D-02
16 12-022, Resthaven Home in Morrison. Would the
17 applicants come to the table, please?

18 MR. GEORGE ROATE: Madam Chair? This is
19 a project that was sent to you earlier this -- or
20 late last week that you submitted your approval
21 letter.

22 CHAIRWOMAN OLSON: I'm sorry.

23 MR. GEORGE ROATE: Monday morning.

24 CHAIRWOMAN OLSON: Okay, D-03 10-059,
25 Trinity Medical Center in Rock Island.

1 Please state your name for the court
2 reporter?

3 MR. JAY WILLSSHER: Jay Willsher
4 W-I-L-L-S-H-E-R.

5 MS. NANCY ODACRE: Nancy Odacre,
6 O-D-A-C-R-E.

7 (All were sworn.)

8 CHAIRWOMAN OLSON: George.

9 MR. GEORGE ROATE: Thank you, Madam
10 Chair. On December 14th, 2010, the State Board
11 approved Permit Number 10-059 for the modernization
12 of the surgical suite expansion of the post
13 anesthesia recovery care unit, modernization of the
14 surgical support, modernization of space -- and
15 modernization of space to establish surgical prep
16 Stage 2 recovery, to include and including
17 administrative functions. On May 14th -- or I'm
18 sorry.

19 The applicants are requesting, this is
20 the second alteration for this project, and they're
21 proposing to increase the original permit amount by
22 6.14 percent by 70 -- \$777,954. Board staff notes
23 that there are no letters in opposition or support
24 of this project. Or this alteration.

25 CHAIRWOMAN OLSON: Comments for the

1 Board?

2 MR. JAY WILLSSHER: Yes, Madam

3 Chairperson, thank you. My name is Jay Willsher,
4 and I'm the chief operating officer, this is Nancy
5 Odacre from our Planning Department. We did have
6 several unanticipated expenses with this project.
7 We are nearing completion, and with this second
8 alteration, we are requesting 400,000 more dollars.
9 This project will be wrapped up in mid spring, we're
10 very close to the completion of that, and in
11 respects to the Board's very busy schedule, we'll
12 entertain any questions you may have.

13 CHAIRWOMAN OLSON: Thank you. Questions
14 for the Board?

15 (No questions.)

16 Seeing no questions, may I have a motion
17 to approve alteration for project 10-059 Trinity
18 Medical Center Rock Island to increase the project
19 cost and decrease the project side by 6.14 percent
20 and 1.75 percent respectively?

21 SENATOR DEMUZIO: Motion.

22 VICE-CHAIRMAN HAYES: Second.

23 MR. NELSON AGBADO: Motion made by
24 Senator Demuzio, second by Mr. Hayes.

25 CHAIRWOMAN OLSON: Roll call, please?

1 MR. NELSON AGBADO: Yes. Mr. Bradley.

2 PHILIP BRADLEY: Yes.

3 MR. NELSON AGBODO: Dr. Burden.

4 DR. JAMES BURDEN: Yes.

5 MR. NELSON AGBODO: Senator Demuzio.

6 SENATOR DEMUZIO: Yes.

7 MR. NELSON AGBODO: Justice Greiman.

8 JUSTICE ALAN GREIMAN: Yes.

9 MR. NELSON AGBODO: Mr. Hayes.

10 VICE-CHAIRMAN HAYES: Yes.

11 MR. NELSON AGBODO: Mr. Penn.

12 DAVID PENN: Yes.

13 MR. NELSON AGBODO: Mr. Sewell.

14 RICHARD SEWELL: Yes.

15 MR. NELSON AGBODO: Madam Chair Olson.

16 CHAIRWOMAN OLSON: Yes.

17 MR. NELSON AGBADO: Eight votes in the
18 affirmative.

19 CHAIRWOMAN OLSON: The motion passes,
20 thank you.

21 MR. JAY WILLISHER: Thank you very much.

22 MR. GEORGE ROATE: Madam Chair, the
23 board staff would like to point out that the next
24 project, the Declaratory Ruling E-01, the
25 applicants, Pinckneyville Community Hospital, their

1 request was based on a, on a third obligation
2 extension request. This obligation extension
3 request has been withdrawn because they have secured
4 financing and have, and we have received a
5 promissory note from the USDA that they were
6 eligible for their loan, that they're approved for
7 their funding.

8 CHAIRWOMAN OLSON: That's great to hear,
9 thank you, George. Next we will have the following
10 applicants come forward. H-01 Van Guard Health
11 Systems Weiss Memorial, H-02 Van Guard West Lake,
12 H-03 Van Guard West Suburban, and H-04 Van Guard
13 MacNeal Hospital. If there's no objection -- if
14 there's no objection from the board members we will
15 take this as one project. We'll vote on each of the
16 four, but we'll let them present as one project,
17 because it is one transaction. Any objections?

18 Okay. Would you all please state and
19 spell your names for the court reporter and be sworn
20 in?

21 MR. JACK AXEL: Jack Axel, A-X-E-L.

22 MR. KEITH PITTS: Keith pit, P-I-T-T-S.

23 MR. JOHN HOLLAND: John Holland,
24 H-O-L-L-A-N-D.

25 MS. HONEY SKINNER: Honey Skinner

1 S-K-I-N-N-E-R.

2 DR. ANTHONY TEDESCHI: Dr. Anthony
3 Tedeschi, last name is T-E-D-E-S-C-H-I.

4 MR. WILLIAM FOLEY: William F-O-L-E-Y.

5 (All were sworn.)

6 CHAIRWOMAN OLSON: George?

7 MR. GEORGE ROATE: Thank you, Madam
8 Chair. The applicants, Tenet Health Care
9 Corporation, and VHS, VHS, or Van Guard Health
10 Systems and various subsidiaries of VHS Health Systems
11 propose to transfer ownership of four hospitals in
12 the Chicagoland area. One is VHS Weiss Memorial
13 Hospital of Chicago, the other, VHS West Lake
14 Hospital of Melrose Park, the third, VHS West
15 Suburban Medical Center of Oak Park, and the fourth
16 being VHS MacNeal Hospital of Berwyn. While, while
17 the price -- or while the costs of the projects
18 range, or I should say differ, the project is being
19 funded as cash, with cash as part of a nationwide
20 transaction. Thank you, Madam Chair.

21 CHAIRWOMAN OLSON: Thank you, George.
22 This again is a project with no opposition and no
23 findings. While it's awesome that your people are
24 all here at our table, I would ask the Board if they
25 would like to go to questions and would the

1 applicant agree to go to questions, or would you
2 like to make a statement?

3 DR. KEITH PI: We would agree to go to
4 questions.

5 CHAIRWOMAN OLSON: Okay. Questions from
6 the Board?

7 PHILIP BRADLEY: I move approval.

8 RICHARD SEWELL: Second.

9 CHAIRWOMAN OLSON: Okay. I have a
10 motion to approve the Projects H-01, Van Guard
11 Health Systems Weiss Memorial Hospital Chicago,
12 Project H-02, Van Guard Health Systems,
13 Incorporated, West Lake Hospital in Melrose Park,
14 H-03 Van Guard Health Systems West Suburban Medical
15 Center in Oak Park, and H-04 Van Guard Health
16 Center, Incorporated, MacNeal Hospital in Berwyn.
17 Motion was made by Mr. Bradley, seconded by
18 Mr. Sewell.

19 MR. NELSON AGBADO: Motion made by Mr.
20 Bradley, seconded by Mr. Sewell.

21 CHAIRWOMAN OLSON: One second, Nelson.
22 Okay, I guess I see the project number, my
23 apologies, it's written right there. 13-041 is
24 Weiss Memorial, 13-042 is West Lake, 13-043 West
25 Suburban, 13-044 is MacNeal. Sorry. Roll call.

1 MR. NELSON AGBADO: Mr. Bradley.

2 PHILIP BRADLEY: Yes.

3 MR. NELSON AGBADO: Dr. Burden.

4 DR. JAMES BURDEN: I'm going to vote

5 yes, even though I don't think I've ever seen such a

6 rapid disbursement of a \$4.3 billion project in such a

7 short span of time, and if I was a shareholder at

8 Van Guard I think I'd be absolutely extatic. I vote

9 yes.

10 MR. NELSON AGBADO: Okay, thank you.

11 Senator Demuzio.

12 SENATOR DEMUZIO: Yes.

13 MR. NELSON AGBADO: Justice Greiman.

14 JUSTICE ALAN GREIMAN: Yes.

15 MR. NELSON AGBADO: Mr. Hayes.

16 VICE-CHAIRMAN HAYES: Yes. Thank you.

17 Mr. Penn.

18 DAVID PENN: Yes.

19 MR. NELSON AGBADO: Mr. Sewell.

20 RICHARD SEWELL: Yes.

21 MR. NELSON AGBADO: Chairwoman Olson.

22 CHAIRWOMAN OLSON: Yes.

23 MR. NELSON AGBADO: That's eight votes

24 in the affirmative, zero in the negative.

25 CHAIRWOMAN OLSON: Motion passes

1 congratulations.

2 MR. KEITH PITTS: Thank you very much,
3 appreciate it.

4 CHAIRWOMAN OLSON: Okay, the next
5 project is 13-019 Terraces at Clare, Chicago.
6 Applicant please come to the table.

7 Welcome, thank you for coming. Could
8 you state your names and spell them for the court
9 reporter, please?

10 MR. ED CLANCY: My name is Ed Clancy,
11 C-L-A-N-C-Y.

12 MS. DENISE DEFIEBRE: Denise Defiebre,
13 D-E-F-I-E-B-R-E.

14 MS. SHELLEY SMITH: Shelley Smith,
15 S-M-I-T-H.

16 MR. JAMES KNEEN: James Kneen,
17 K-N-E-E-N.

18 DR. LEE LINDQUIST: Dr. Lee Lindquist
19 L-E-E, L-I-N-D-Q-U-I-S-T.

20 (All were sworn.)

21 CHAIRWOMAN OLSON: George?

22 MR. GEORGE ROATE: Thank you, Madam
23 Chair. The applicants are Chicago Senior Care, LLC,
24 and Chicago CCRC Holdings, LLC. The facility name
25 is Terraces at the Clare, the project calls for the

1 expansion of an existing 32 bed long-term care
2 facility through the addition of 16 long-term care
3 beds. The total cost of the project is \$1.5
4 million, the Board staff notes that the facility
5 currently has a Medicare five star rating, the
6 project has received three letters of support, and
7 the, and the project is in excess of the state board
8 standard for spatial configurations by 37.5 gross
9 square foot per bed. Thank you, Madam Chair.

10 CHAIRWOMAN OLSON: Thank you, George.
11 Comments for the Board?

12 MS. DENISE DEFIEBRE: Thank you. Good
13 morning, Madam Chairperson and Board. Thank you for
14 considering our application. Under this project, we
15 propose to add 16 skilled nursing beds to the
16 existing 32-bed facility at the Terrace of the
17 Clare. These additional beds will help address the
18 growing demand for individuals seeking admission to
19 the facility. The project will convert existing
20 assisted living space to skilled nursing space. The
21 assisted living space already complies with skilled
22 nursing licensure requirements, and does not require
23 significant modification. The project's conversion
24 of existing space will entail only superficial
25 improvements. The total estimated project cost is

1 just shy of \$1.5 million, but only 500,000 of that
2 will be spent on completing the project, the balance
3 of those dollars are related to the fair market
4 value of the asset, the existing space.

5 The project will address the increase in
6 demand for skilled nursing care that we have
7 experienced at the facility. The facility currently
8 operates over the state standard of 90 percent
9 occupancy, and in the past ten months we have had to
10 turn away 339 residents due to a lack of available
11 beds. In addition, the proposed project will allow
12 the facility to accept higher acuity residents with
13 more complex medical conditions, including residency
14 requiring wound care and IV care. Demand for such
15 higher acuity care exists, and we've had to turn
16 away 99 potential residents in the past ten months
17 due to our, the complexity of those patients' needs.

18 Lastly, we note that the submission of
19 our application, the need for skilled nursing beds
20 in HSA6 has increased from 74 to 102 beds. The
21 project will help alleviate the increased demand for
22 long-term care beds in this health service area in
23 the most cost effective manner. Earlier today
24 Sheila Rock represented the Clare and the Terrace's
25 residents in support of the project, she's a

1 resident of the Clare, and a member of the resident
2 council, so on behalf of the residents of the Clare,
3 we respectfully ask the Board's approval of this
4 project. Thank you.

5 CHAIRWOMAN OLSON: Thank you. Questions
6 from the Board?

7 SENATOR DEMUZIO: Motion.

8 CHAIRWOMAN OLSON: Oh, I have a motion
9 from --

10 PHILIP BRADLEY: Second.

11 CHAIRWOMAN OLSON: Let me read it,
12 though. I'm going to get in trouble here. May I
13 have a motion to approve Project 13-019, Terraces at
14 the Clare in Chicago, to add 16 long-term care beds.
15 So I have that motion. And a second?

16 PHILIP BRADLEY: Yes.

17 MR. NELSON AGBADO: Motion made by
18 Senator Demuzio, second by Mr. Bradley. Mr.
19 Bradley.

20 PHILIP BRADLEY: Yes.

21 MR. NELSON AGBADO: Dr. Burden.

22 DR. JAMES BURDEN: I vote yes, even
23 though the project size came into question, I still
24 vote yes.

25 MR. NELSON AGBADO: Thank you. Senator

1 Demuzio.

2 SENATOR DEMUZIO: Yes.

3 MR. NELSON AGBADO: Justice Greiman.

4 JUSTICE ALAN GREIMAN: Yes.

5 MR. NELSON AGBADO: Mr. Hayes.

6 VICE-CHAIRMAN HAYES: Yes.

7 MR. NELSON AGBADO: Mr. Penn.

8 DAVID PENN: Yes, and I appreciate your
9 five star rating.

10 MR. NELSON AGBADO: Mr. Sewell.

11 RICHARD SEWELL: Yes.

12 MR. NELSON AGBADO: Chairwoman Olson.

13 CHAIRWOMAN OLSON: Yes.

14 MR. NELSON AGBADO: Eight votes in the
15 affirmative, zero in the negative.

16 CHAIRWOMAN OLSON: The project passes.

17 Thank you and good luck.

18 Next up, Project 13-023 Alden Estates of
19 Evanston. Would the applicant please come to the
20 table?

21 Would you state your name and spell it
22 for the court reporter, please?

23 MS. RANDI SCHULLO: Hi. Randi Schullo,
24 R-A-N-D-I, S-C-H-U-L-L-O.

25 MR. JOHN KNIERY: John Kniery,

1 K-N-I-E-R-Y.

2 MR. BOB MOLITOR: Bob Molitor,

3 M-O-L-I-T-O-R.

4 MR. JOE OURTH: And Joe Ourth.

5 (All were sworn.)

6 CHAIRWOMAN OLSON: George.

7 MR. GEORGE ROATE: Thank you, Madam
8 Chair. The applicants are proposing to add 41
9 long-term care beds to an existing 58 long-term care
10 facility. Total cost of the project is \$2.5
11 million. The project, the applicants are not
12 compliant with 1110.530 and 1125.550. These are
13 planning area need and service demand for expansion
14 of general long-term care. Board staff notes that
15 there, that is the only negative findings on the
16 project. Thank you, Madam Chair.

17 CHAIRWOMAN OLSON: Would you address the
18 anticipated completion date?

19 MR. GEORGE ROATE: The anticipated
20 project completion date that we have set that was
21 initially reported was September 30th, 2013, but the
22 applicants have since approached the state agency
23 and sought to request a later project completion
24 date. Correct?

25 MR. JOHN KNIERY: Correct.

1 CHAIRWOMAN OLSON: Do you have that
2 date?

3 MR. JOHN KNIERY: We were asking for an
4 adjusted 12-month completion, just an additional 12
5 months.

6 MR. FRANK URSO: So what is the date
7 you're asking for?

8 MR. JOHN KNIERY: September of next
9 year, September of 2014. September 30th.

10 CHAIRWOMAN OLSON: Do you want to
11 explain why?

12 MR. GEORGE ROATE: Sorry?

13 CHAIRWOMAN OLSON: Do you want to
14 explain why?

15 The issue was that they have to
16 relicense the beds. That's why you need the
17 extension.

18 MR. JOHN KNIERY: Correct.

19 MR. GEORGE ROATE: And they need the
20 excess, they need the extra time for the surveys to
21 take place.

22 CHAIRWOMAN OLSON: Right.

23 MR. GEORGE ROATE: And inspection, my
24 apologies.

25 CHAIRWOMAN OLSON: Comments for the

1 Board?

2 MS. RANDI SCHULLO: Madam Chair, Members
3 of the Board, I'm Randi Schullo, President Alden
4 Realty Services, I'm pleased to have with me today
5 Bob Molitor, our Chief Operating Officer, John
6 Kniery, our CON consultant, and Joe Ourth or CON
7 counsel. As always, I would like to first thank Mr.
8 Roate and Mr. Constantino for their work on the
9 state agency report. Alden has come before you
10 previously. We are a family owned operation founded
11 by my father, and have been providing skilled care
12 in Illinois for over 40 years, as well as developing
13 affordable senior housing. The project before you
14 today is different from the majority of our previous
15 Certificate of Need applications. Our Evanston home
16 is a 99-bed facility, 58 skilled and 41 shelter care
17 beds. We are proud that is typically a four or five
18 star rated facility. Instead of establishing a new
19 facility, this project seeks to convert the
20 facility's existing 41 shelter care beds to skilled
21 nursing. There is no new construction as part of
22 this project, as demonstrated in our application.
23 All existing residents will be in need of nursing
24 care within the next 12 months.

25 The State Agency Report makes only two

1 negative findings. Interestingly, if we would have
2 been heard last month, we would have had a
3 completely positive report. We were scheduled to be
4 before you for the August meeting. Because of a
5 potentially full schedule, the Board had
6 understandably extended several projects from August
7 to September. Although projects filed after ours
8 were taken ahead, we were willing to accommodate
9 your schedule needs and did not object. The only
10 negative relates to the newly changed inventory
11 which previously showed a need of 339 beds
12 additional, and now shows in excess of 511 in
13 negative, a negative swing of 855 beds. We had
14 previously prepared this application to be fully
15 compliant with your rules and don't believe that in
16 deferring the project you intended to change to
17 outcome. The project involves sheltered care beds,
18 a category you rarely see before the Board.
19 Sheltered care is an older model of care. I'm
20 unaware of any new sheltered care beds built in
21 Illinois in the past decade. While sheltered care
22 is similar to assisted living in terms of acuity, it
23 is based on medical model rather than a residential
24 model. While this model works for some, it is not
25 what most seniors desire today. Each year a number

1 of our sheltered care residents age out and required
2 skilled care. Although we can accommodate most
3 residents on our skilled floor, skilled beds are
4 sometimes full and our residents have no choice but
5 to find another facility. Within the next 12 months
6 we anticipate all of our current residents to
7 require some form of nursing care and will benefit
8 from skilled care being available in this building.
9 Residents in sheltered care are ineligible for
10 Medicaid. As part of this conversion, we will seek
11 Medicaid certification for all of our beds. System
12 wide, Alden has shown Medicaid residents, with 75
13 percent of our residents being Medicaid.

14 Another important fact that relates to
15 this issue is that the project is beneficially -- is
16 beneficial regardless of the bed need calculation.
17 The current Alden of Evanston is 58 bed nursing
18 facility and 41 sheltered care facility. In this
19 competitive era and market it is difficult and less
20 cost effective to operate two smaller units,
21 although we could gradually convert these beds to
22 skilled through the ten bed rule, it is more
23 efficient to do so today one time and do so now.

24 In conclusion, we planned this project
25 to comply with your rules if it would have been

1 heard last month as originally scheduled. We ask
2 for your support, and we thank the Board for its
3 consideration and would be pleased to answer any
4 questions you may have.

5 CHAIRWOMAN OLSON: Thank you. Questions
6 from board members?

7 DR. JAMES BURDEN: Just help me out with
8 the math. I see on the Page 22 according to the
9 residents that by payment source and level of care
10 there are 24 sheltered care beds. Yet you're
11 referring to converting a sizable number, greater
12 number of, a different number of sheltered care beds
13 that are going to be converted. 40 term -- what was
14 it, 41 beds so called sheltered care, or am I
15 misreading something?

16 MS. RANDI SCHULLO: Yes, it's 41 beds
17 that are sheltered care.

18 DR. JAMES BURDEN: Well, how come it's
19 not on the residents by payment source and sheltered
20 care list? Is it a mistake that George and his
21 group did, or is it something that I'm -- it says 24
22 on the list I have in front of me, yet you reference
23 to 41 is --

24 MR. JOHN KNIERY: Are you looking, are
25 you looking at Page 24?

1 DR. JAMES BURDEN: Yes.

2 MR. JOHN KNIERY: Of the SAR, which is
3 the States IDPH Annual Questionnaire Form?

4 DR. JAMES BURDEN: Is that planning,
5 health service area.

6 MR. JOHN KNIERY: There are 24 beds in
7 use under the sheltered care, there are 47 beds
8 licensed.

9 DR. JAMES BURDEN: Well, my question
10 remains the same, why is it referred? Is this a
11 mistake?

12 CHAIRWOMAN OLSON: George, can you
13 explain that?

14 MR. GEORGE ROATE: Well, what they have,
15 they're licensed for, they're initially licensed for
16 47 beds, and what the applicants -- and the
17 applicants currently have 24 set up and in use,
18 correct?

19 MR. BOB MOLITOR: Yeah, that is correct,
20 there's 24 resident.

21 MR. JOHN KNIERY: No, there's 47 set up.

22 MR. BOB MOLITOR: Yeah.

23 MR. JOHN KNIERY: But they, but we have,
24 since this application, I'm sorry, since this report
25 was submitted, the applicant had an increase by six

1 beds, they converted six beds from sheltered care to
2 nursing.

3 CHAIRWOMAN OLSON: But I, are you
4 looking at the payor source, Doctor?

5 DR. JAMES BURDEN: Yeah. It says 24,
6 and I still haven't got an answer to it. That this
7 is, as you pointed out, it's a state agency report,
8 which I submit to you they made a -- I'm just trying
9 to, it's not a major issue with me, but the fact,
10 the facts are there's two different numbers for the
11 number of sheltered care beds you have available but
12 you're planning on changing to a long-term and, of
13 course, this is the second application we've
14 received, you explained yours, a family owned
15 enterprise that has exceedingly large excess of
16 long-term beds. I'm concerned about how this is
17 happening. How is it that we can have such a switch
18 where we've got already five hundred and some 11
19 long term beds in excess in one month. Are there --
20 can somebody explain that? David?

21 DAVID CARVALHO: Thank you. I was
22 looking forward to an opportunity to do that. I
23 have no opinion on this application, so don't take
24 this as a criticism of this application, but twice
25 today we've now had applicants refer to this change

1 in the bed need, and I think I need to put that in
2 perspective for you. For more than two years, IDPH
3 has been telling you that the population numbers
4 that were the basis of your inventory were under
5 shot by the census; in other words, the projections
6 that form the basis for the inventory, which were
7 from 19 -- from 2005, projected significantly more
8 population than the census which was done in 2010
9 and released in 2011 showed to be there. So for two
10 years we've been alerting you that your inventory
11 showed more need than was there, however, your rules
12 don't allow you to play catch up until you go
13 through the whole process of developing an
14 inventory.

15 Secondly, for more than seven years,
16 when the law changed they brought a ten-year, you
17 used to have a five-year horizon and it changed to
18 ten. Again, we've been telling you that what little
19 sense that may have made in the area of hospitals
20 where it takes four or five years to build and plan
21 a hospital, made zero sense in the area of nursing
22 homes where it might take a year. But nonetheless,
23 that was the statute, and you were required to live
24 with it.

25 What's changed now is, A, you've got the

1 new population projections in your inventory, and
2 second, you've got the new five-year plan arising
3 instead of ten. So the accurate way to describe it
4 is not that the current situation is wrong, the
5 probably more accurate way to say is for the last
6 several years, the inventory has been a fantasy.
7 Now it's a reality, it uses the actual projections,
8 and it's reduced to a five-year horizon. That's why
9 it flipped. Because at the point where you adopted
10 a new one, it flipped.

11 DR. JAMES BURDEN: So if I can answer my
12 query then is that we should accept these as more
13 accurate than what we've had recently, and how do we
14 apply that to this application, which shows clearly
15 they are in excess, even though they have pointed
16 out had they been in the proper place for to be
17 selected a little ahead of the other group, they
18 wouldn't be in this position, that's what I heard.
19 If that's an adequate explanation, so be it, but I'm
20 having trouble, this is the first time, I think, in
21 my five years of being around here where I've heard
22 that offered as an explanation.

23 DAVID CARVALHO: Well, yes, in the past
24 when inventories change, the change wasn't as
25 dramatic, because the census only occurs every ten

1 years. The census does -- the inventory does change
2 from time to time for, you know, slight mid course
3 corrections, but a census occurs every ten years, so
4 that's very dramatic.

5 In addition you saw, because you were
6 here then, you recall when the five-year time
7 horizon went to ten. Your inventory exploded in
8 terms of need, because if you take an upward curving
9 number twice as far out as, as it had previously
10 gone, that led to a big increase in inventory. What
11 you're seeing now is the flip side, when you go from
12 ten, which I think you can infer from my comments I
13 always thought was inappropriate, down to five, you
14 see a decrease in the inventory. Now it's correct
15 that if you happen to have come here last meeting or
16 two meetings ago or five meetings ago, I suppose you
17 could say you lucked out, because you were being
18 tested against an inventory that bore no relation to
19 reality. Now you're being attested against real
20 inventory.

21 DR. JAMES BURDEN: So again, we're a
22 victim of our own rules. At least they are a victim
23 of our own rules, if we follow our rules, whether
24 it's this kind of excess they may be penalized, am I
25 right?

1 DAVID CARVALHO: Well, an applicant may
2 be a victim, the planning process is the victor.

3 CHAIRWOMAN OLSON: I have a couple
4 questions just again. What is your Medicare rating.

5 MR. BOB MOLITOR: We are currently a
6 four-star facility.

7 CHAIRWOMAN OLSON: And is it correct
8 that you are charity care is zero percent?

9 MR. BOB MOLITOR: Well, that's not 100
10 percent. We take care of public aid people
11 currently today in that facility.

12 CHAIRWOMAN OLSON: But charity care is
13 zero.

14 MS. RANDI SCHULLO: I'd say one percent.

15 MR. BOB MOLITOR: Probably at least 1
16 percent. We don't turn away anybody.

17 CHAIRWOMAN OLSON: Other questions?

18 PHILIP BRADLEY: Well, just to comment,
19 this isn't exactly the first time we've heard this
20 argument, we heard it earlier this morning.

21 DR. JAMES BURDEN: That's exactly right.

22 PHILIP BRADLEY: But, and the question
23 is are we going to, are we going to give them
24 something simply because the timing of when they
25 were heard disadvantages them, or are we going to

1 act in accordance with our rules and the materials
2 that the state staff rightfully uses to evaluate
3 these things? And the fact is that we have this
4 overcapacity, and we acted earlier to deny a request
5 because of an overcapacity. I think it would be
6 inconsistent to permit this when we did not permit
7 the earlier.

8 DR. JAMES BURDEN: Well, that's exactly
9 the reason I brought it up, I appreciate you, Mr.
10 Bradley, for saying what you've said. As I said,
11 we're a victim now of our, we are the victor
12 essentially, and they're a victim, and I feel that
13 we ought to be in a discussion about the rules that
14 we now have are going to label every subsequent
15 long-term care applicant in some difficulty, which
16 they don't particularly, didn't particularly expect
17 I suppose. I don't know.

18 MR. JOHN KNIERY: Mr. Burden, if I may,
19 I'd like Joe to address just briefly.

20 CHAIRWOMAN OLSON: Yes, briefly.

21 MR. JOE OURTH: Yes, in following up on
22 Mr. Carvalho's and Dr. Burden's question, this is,
23 you get a lot of projects where people argue about
24 whether the bed need is wrong or calculated
25 incorrectly. This is not what we're saying here.

1 What we're saying is that this project was scheduled
2 for last month, and because it, of your scheduling,
3 you had asked some projects, you had put some
4 projects off, including projects that had lower --
5 that had higher -- I'm sorry, that had higher
6 numbers. Alden did not object to being moved off of
7 the agenda to this week -- to this month, but the
8 concern is that if it would have been here last
9 month when it was scheduled when you hadn't deferred
10 it, it would have been a completely positive State
11 Agency Report. And so talking about being a victim,
12 it's not just the, what Mr. Carvalho was talking
13 about on that, it was the fact that the Board had
14 asked that it be moved from last month to this month
15 to accommodate their schedule.

16 The other difference we'd like to
17 address on that is that this is a project that is
18 not adding any additional beds. These beds already
19 exist, there's really not a capital cost that goes
20 along with it. The dollar amount that you have in
21 there is the fair market value, which is computed
22 under the Board's rules, but there isn't any
23 additional cash outlay, which is the reason in part
24 that there's no negative financial issues. So that
25 it is a project, these beds already exist, they're

1 being moved from sheltered care beds, the people in
2 that so that they're in skilled beds.

3 MR. BOB MOLITOR: And one quick comment
4 for myself, too, is that I do believe that we are
5 not the same as the last project that was heard. In
6 our situation right now these sheltered care beds
7 have 24 residents in their, in this still, all of
8 which are planning to age in place. Our problem
9 today is the more care that they deliver, the more
10 the chances of them being discharged out of this
11 facility. On an annual basis we get a survey from
12 the Department of Public Health, they come in and
13 they do a survey as, from the assisted living side
14 or sheltered care. For the last two years we have
15 had to discharge between two and four residents off
16 that floor because they deemed them too skilled or
17 actually gave them a skilled category saying they're
18 not appropriate for that floor. So if we can't
19 accommodate up on the third floor, we're looking at
20 having to displace our residents that have been with
21 us anywhere between five to seven years, who all
22 planned to age in place in our facility. And
23 considering that the sheltered beds is not any real
24 different, the whole organization of the building,
25 the floors are totally the same, there's nothing

1 that's any different, we're just talking about a,
2 taking it from a sheltered care to a skilled,
3 letting these residents age in place where they've
4 been for the last five to seven years.

5 CHAIRWOMAN OLSON: Question, Mr. Sewell?

6 RICHARD SEWELL: I just want to be clear
7 with the staff. It appears that we don't have a
8 category called sheltered care; that's a popular
9 term or something? And we don't have an inventory,
10 and we don't have rules that pertain to sheltered
11 care. It's just long-term care beds, right? Or
12 skilled beds.

13 MR. GEORGE ROATE: For reporting
14 purposes, they do report the number of sheltered
15 care beds, as you see in our report at the end -- or
16 in our, our annual report at the end of the State
17 Agency Report.

18 RICHARD SEWELL: But we don't address
19 them in terms of having rules for what is needed in
20 the planning area.

21 MR. GEORGE ROATE: We don't address the
22 establishment of sheltered care beds, yes, sir.

23 MR. FRANK URSO: Sheltered beds are not
24 in the Board's jurisdiction.

25 PHILIP BRADLEY: So these beds, do they

1 count as beds in the 511 excess capacity?

2 MR. JOE OURTH: No. As Mr. Urso said,
3 they're not under the Board's jurisdiction, so
4 they're not part of that calculation.

5 MR. FRANK URSO: No, but if a change is
6 made and they become skilled beds, they go into the
7 skilled bed inventory, and they will increase
8 whatever the number is of the skilled beds.

9 MR. JOE OURTH: Yes, yes, yes.

10 MR. FRANK URSO: I just wanted to remind
11 the Board that, you know, this is a very dynamic
12 environment, this health care environment, and the
13 laws change, the inventories change, I mean we just
14 changed our major operational rules, 1130 rules on
15 June 1st. Well, on June 2nd we had to start
16 following the new 1130 rules. My point is that when
17 a board considers a project, they have to deal with
18 the current rules, the current inventories that are
19 in place at the time when the projects are
20 considered.

21 DR. JAMES BURDEN: I appreciate your
22 comment, Mr. Urso, but going back to Mr. Bradley's
23 comment, we have a statement here that says we're
24 500 and some odd beds long-term care in excess,
25 we're going to be dealing with this issue right on

1 with numerous applications as I see it, and I don't
2 know if every HPA is going to be like this, but
3 that's significant. I mean how are we, we are faced
4 with a decision that I find more complicated than it
5 should be.

6 CHAIRWOMAN OLSON: Any further
7 questions? May I have a motion to approve -- may I
8 have a motion to approve Project 13-032 Alden
9 Estates of Evanston in Evanston to add 31 long term
10 beds.

11 VICE-CHAIRMAN HAYES: So moved.

12 DR. JAMES BURDEN: Second.

13 MR. NELSON AGBADO: Motion made by
14 Mr. Hayes, seconded by Dr. Burden. Mr. Bradley.

15 PHILIP BRADLEY: Because of the State
16 Agency Report that shows excess capacity, I vote no.

17 MR. NELSON AGBADO: No. Dr. Burden.

18 DR. JAMES BURDEN: Being consistent with
19 our State Agency Reports, I feel inclined to also
20 vote no.

21 MR. NELSON AGBADO: Senator Demuzio.

22 SENATOR DEMUZIO: Yes, I'll be voting no
23 in accordance with our State Agency Report.

24 MR. NELSON AGBADO: Thank you. Justice
25 Greiman.

1 JUSTICE ALAN GREIMAN: Communities are
2 all different, and very often a community, for
3 example, exceeds the number of elderly people that
4 would be someplace else, there are different
5 communities. Evanston, which is where they are, is
6 a place of older people. You don't see lot of young
7 folks walking around. So they're going to need more
8 in the next years to cover, and that doesn't show on
9 these, on these statistics that the State gets.
10 They don't know there's X number of old people in
11 this division, and X number in this division. I
12 vote yes.

13 MR. NELSON AGBADO: Thank you. Mr.
14 Hayes.

15 VICE-CHAIRMAN HAYES: I'm going to vote
16 yes.

17 MR. NELSON AGBADO: Thank you. Mr.
18 Penn.

19 DAVID PENN: I'm voting no, excess
20 capacity.

21 MR. NELSON AGBADO: Mr. Sewell.

22 RICHARD SEWELL: I vote yes, I think we
23 have a special situation here with these people that
24 are already there in the sheltered care beds.

25 MR. NELSON AGBADO: Okay. Madam Chair

1 Olson.

2 CHAIRWOMAN OLSON: I vote yes for the
3 reasons just stated by Mr. Sewell.

4 MR. NELSON AGBADO: Four votes in
5 positive, four votes in negative.

6 CHAIRWOMAN OLSON: The motion fails, you
7 will receive an Intent to Deny.

8 MR. FRANK URSO: You'll have another
9 opportunity to come before the Board to submit
10 additional information.

11 MR. JOHN KNIERY: Thank you.

12 CHAIRWOMAN OLSON: Okay, next up St.
13 Joseph's Memorial Hospital in Murphysboro. Would
14 the applicant please come to the table? For Board's
15 information, we would note that there's no
16 opposition, no findings for this project.

17 Would you please state and spell your
18 name for the court reporter?

19 MS. CATHY BLYTHE: Cathy Blythe, Cathy
20 with C, B-L-Y-T-H-E.

21 MR. JOHN BROTHERS: John Brothers,
22 B-R-O-T-H-E-R-S.

23 (All were sworn.)

24 CHAIRWOMAN OLSON: George?

25 MR. GEORGE ROATE: Thank you, Madam

1 Chair. The applicants are proposing to seek
2 certification of their acute care beds for the
3 extended care category of service, otherwise known
4 as swing beds, as defined by the Centers for
5 Medicare and Medicaid Services. Board staff reports
6 they are in conformance with the provisions of
7 Section 1110, and Section 1120 was not applicable to
8 the project. Project completion date is April 30th,
9 2014, and there's no, the Board staff received no
10 letters in support or opposition to the project.

11 CHAIRWOMAN OLSON: Thank you, George.

12 MR. GEORGE ROATE: Thank you, Madam
13 Chair.

14 CHAIRWOMAN OLSON: Would you like to
15 make a statement, or would you like to open it up to
16 questions.

17 MS. CATHY BLYTHE: We'd be happy to
18 entertain questions.

19 CHAIRWOMAN OLSON: Questions from the
20 Board?

21 RICHARD SEWELL: Move to approve.

22 CHAIRWOMAN OLSON: Okay, I have a motion
23 to approve Project 13-046 St. Joseph's Memorial in
24 Murphysboro to recertify its med/surge beds for the
25 extended care category of service, in other words,

1 swing beds. Do we have a second?

2 DAVID PENN: Second.

3 MR. NELSON AGBADO: Motion made by
4 Mr. Sewell, seconded by Mr. Penn.

5 CHAIRWOMAN OLSON: Roll call please.

6 MR. NELSON AGBADO: Yes. Mr. Bradley.

7 PHILIP BRADLEY: Yes.

8 MR. NELSON AGBADO: Dr. Burden.

9 DR. JAMES BURDEN: Yes.

10 MR. NELSON AGBODO: Senator Demuzio.

11 SENATOR DEMUZIO: Yes.

12 MR. NELSON AGBADO: Justice Greiman.

13 JUSTICE ALAN GREIMAN: Yes.

14 MR. NELSON AGBADO: Mr. Hayes.

15 VICE-CHAIRMAN HAYES: Yes.

16 MR. NELSON AGBADO: Mr. Penn.

17 DAVID PENN: Yes.

18 MR. NELSON AGBADO: Mr. Sewell.

19 RICHARD SEWELL: Yes.

20 MR. NELSON AGBADO: Madam Chair Olson.

21 CHAIRWOMAN OLSON: Yes.

22 MR. NELSON AGBADO: Eight votes in the
23 positive, zero in negative.

24 CHAIRWOMAN OLSON: The motion passes,
25 thank you.

1 MS. CATHY BLYTHE: Thank you very much.

2 MR. JOHN BROTHERS: Thank you very much.

3 CHAIRWOMAN OLSON: Next up, Project
4 13-033 Northwestern Lake Forest Hospital in Lake
5 Forest.

6 Would the applicants please introduce
7 themselves and spell their last name court reporter?

8 MR. TOM McAFEE: Good afternoon, my name
9 is Tom McAfee, M-C-A-F-E-E.

10 DR. MICHAEL ANKIN: My name is
11 Dr. Michael Ankin, A-N-K-I-N.

12 MS. BRIDGETT ORTH: Bridgett Orth,
13 O-R-T-H.

14 MR. ROB CHRISTIE: Rob Christie,
15 C-H-R-I-S-T-I-E.

16 MR. MATTHEW FLYNN: Matthew Flynn,
17 F-L-Y-N-N.

18 CHAIRWOMAN OLSON: George?

19 (All were sworn.)

20 MR. GEORGE ROATE: Thank you, Madam
21 Chair. The applicants are proposing to expend funds
22 in excess of the capital expenditure minimum for the
23 purpose of planning a new replacement hospital,
24 constructing medical office space, and making
25 associated site improvements at its Lake Forest

1 campus. The proposed project costs are \$21.2
2 million. Board staff notes that the applicants did
3 submit their financials, and they are, they were
4 contained in the file that you received as part of
5 your materials. Board staff also notes that they're
6 underneath -- that the applicants are beneath the
7 MSA requirements for the establishment of medical
8 surgical and gynecology beds in a metropolitan
9 service area. Thank you, Madam Chairwoman.

10 CHAIRWOMAN OLSON: Thank you, George.
11 Comments for the Board?

12 MR. TOM McAFEE: Good afternoon, my name
13 is Tom McAfee, I'm the President of Northwestern
14 Lake Forest and the Senior Vice-president with
15 Northwestern Healthcare, delighted to be here, and
16 thank you, Madam Chair, and Members of the Board for
17 your time today.

18 Lake Forest Hospital has been committed
19 to providing support for your community or over 114
20 years. We believe that our, our health system
21 continues to keep pace with the powerful changes
22 that are on the way in health care, but of course,
23 we have to continue to evolve. Since the
24 affiliation with Lake Forest and Northwestern more
25 than three and a half years ago, we've invested

1 heavily in new clinical programs and services, all
2 aimed at improving the health and well-being of our
3 residents in Lake County. We've also made
4 significant investments in information technology
5 and quality programs; in fact, today we have one
6 electronic health record across the enterprise, and
7 we have continued to invest in ways to link the
8 subspecialty talent at Northwestern Memorial
9 downtown with our suburban campus. However, the
10 limitations in our physical plan are really starting
11 to interfere with our goal of improving health care
12 for our community. It's simply not possible to
13 deliver care at the cutting edge when the hospital
14 was built before World War II. In fact, today, in
15 order to get a wheelchair in and out of the
16 bathroom, we have to actually move the patient out.
17 There are a variety of limitations, including having
18 to access extended corridors, the fact that it's
19 difficult to respect a patient's privacy and comply
20 with privacy standards when you have semiprivate
21 accommodations, and, in fact, many of the rooms
22 simply lack a shower, so we have to bring patients
23 down the hallway to use share showers. So needless
24 to say, it's less than optimal from a patient
25 experience standpoint and even safety.

1 The fact that we've reached this point,
2 the hospital that we have today has served us well
3 for over 75 years. The fact is that it's not really
4 capable of supporting us in the future. In fact,
5 many of the clinical programs and services that have
6 evolved at the hospital, for example, cardiology and
7 oncology, the therapies that were developed were
8 developed after the physical plan that we have
9 today.

10 We believe that our new hospital campus,
11 we have an opportunity to do something new.
12 Something you might find interesting. We plan to
13 commit a, an investment to make the new Northwestern
14 Lake Forest Hospital a designation for health and
15 wellness. We have a unique environment, we're on
16 160 acres, and we feel that it's a real opportunity
17 for us to engage our community with bike trails,
18 walking trails, absorbing the natural environment to
19 make our health -- our hospital campus a place to go
20 for respite and health, not just to go when you're
21 sick. And in fact, we think we can balance the two
22 nicely in our community, and have got heavy support
23 from the community with this endeavor.

24 As you consider our application, I think
25 it's also worth noting a few other elements that

1 make Northwestern and Lake Forest a bit unique. As
2 shown in the state planning report, we are the
3 largest provider of charity care in the county. Two
4 years ago we developed a plan in collaboration with
5 the Lake County Health Department to help Health
6 Reach, the only free clinic in Lake County, in fact,
7 it was finding itself very difficult to maintain
8 this operation, and we helped through our community
9 partner Erie Health Family Health to support funding
10 and create a stable environment to bring federally
11 qualified health plan or center to our county. That
12 will also now create a medical home for nearly 6,000
13 uninsured residents in the, in the county.

14 As part of an academic Medical Center,
15 we're also dedicated to help train the next
16 generation of, of providers, health care providers
17 for our region. In fact, we've forecasted there's a
18 shortage of primary care talent in Lake County, much
19 like the rest of the country, and in helping, in an
20 effort to respond to this finding, we, along with
21 the Fineberg School of Medicine at Northwestern
22 University have made it a priority to establish the
23 first family practice residency program in the
24 county to train family physicians who will continue
25 their careers in Lake County, serving the residents

1 with the greatest need.

2 So let me just mention three quick
3 points that are relevant to our campus and our goal.
4 First, we recognize that health care is no longer
5 keeping people from being sick. In today's world,
6 health encompasses everything we do and live to stay
7 healthy, prevent illness. The new Northwestern Lake
8 Forest Hospital will help advance this vision. What
9 we're proposing is not simply to replace the
10 hospital bed for bed, but instead commit to a vision
11 to establish a center for health and wellness. This
12 means integrating our campus resources facility in
13 its support for fitness and wellness, and
14 incorporating a healing in the natural environment,
15 and placing more emphasis on early detection, less
16 invasive treatment, and heavy outpatient focus. In
17 other words, we're really trying to strive for a
18 healthy community to create a destination again for
19 our health and wellness for our residents.

20 Secondly, in health care today
21 technology has become a game changer. The
22 sophistication, complexity and precision in today's
23 diagnostic and treatment programs are beyond
24 amazing. In fact, we've now begun to invest in
25 information technology to bring subspecialty

1 resources through telemedicine to the Lake Forest
2 campus, which we think is highly efficient and
3 brings subspecialty care of Northwestern Medicine
4 closer to families' homes. The new Northwestern
5 Lake Forest Hospital will place contemporary
6 technologies at the forefront and make certain that
7 we have the ability to be differentiated in that
8 respect. We've been an institution that's
9 recognized nationally in the top ten percent of
10 health care technology integration and feel really
11 well positioned to advance that priority.

12 And thirdly, every aspect of health care
13 is undergoing dramatic change. Our board has
14 challenged us to make sure that this investment
15 would make sense, and that it's positioned to be
16 flexible and adaptable over the next 50 to 100
17 years, so our goal is to build a platform that is
18 enormously flexible so that if there are changes in
19 the demographic need in our marketplace, we have the
20 ability to convert the facility in a way that makes
21 sense, that's very efficient, and the least costly.

22 So with all of the notes that I've
23 mentioned, we would respectfully ask for your
24 support, and I'd like to turn the microphone over to
25 Dr. Michael Ankin, our Chief Medical Officer, to

1 speak a bit more.

2 DR. MICHAEL ANKIN: Good afternoon.

3 Northwestern Lake Forest Hospital is a top ranked
4 hospital in Lake County, and among the top 20
5 hospitals in the Chicago area as ranked by the US
6 News and World Report. This is a considerable
7 achievement for a relatively small community
8 hospital. Our hospital has been ranked in five
9 specialty areas, including gastroenterology, GI
10 surgery, geriatrics, gynecology, nephrology, and
11 orthopedics. We operate a Level 2 trauma center, we
12 have a certified stroke center and a certified chest
13 pain center, and most recently added a telescope
14 program to give an additional safe guard of 24-hour
15 neurology consultations over telemetric methods. We
16 offer a community hospital with academic center
17 staffing. We include residents, medical students,
18 fellows who contribute to our medical staffs that
19 have a stellar reputation. We have a fully
20 integrated medical records system that makes patient
21 information accessible to clinicians from anywhere,
22 any time, across a full variety of digital devices.
23 These are all considerable strengths of our hospital
24 that have provided exceptional care to patients in
25 our community, and we've been doing this in a

1 facility that was built in 1942.

2 What makes the -- what would make our
3 care even more safe is a new hospital that's
4 designed to minimize time and distance between
5 patients and their care givers. The distance
6 between imaging equipment and needed in emergencies
7 and the proximity to operating rooms to trauma
8 centers, the proximity to elevators to access the
9 units, family spaces and diagnostic infrastructure.
10 The closer to care, the quicker we can respond, the
11 more we can help save lives.

12 We are planning on a uniformed room
13 design reducing variances in patient care. The new
14 design will provide better visibility of the patient
15 by the staff at all times. The new operating rooms
16 will be designed to support the latest minimal
17 invasive technology. There's a need for support
18 space for educational requirements of the facility
19 in support of our academic and Medical Center
20 mission. Our new hospital will benefit from the
21 design of health care architects who know exactly
22 how many minutes it takes to walk from the patient's
23 room to save a life, how much space is needed to
24 care for a patient in a trauma room or an operating
25 room, and exactly how much we should invest to make

1 our hospital the safest possible for patient care.

2 I think these and many other reasons are
3 reasons why we want to invest in a replacement
4 hospital, and we appreciate your consideration and
5 approval of this application, and now I'd like to
6 turn this over to Bridgett Orth who will address the
7 State Board negatives.

8 MS. BRIDGETT ORTH: As stated in the
9 staff report, of the 13 required criteria addressed
10 in our application, there were only two state board
11 standards that were not fully met. The first
12 relates to the minimum bed requirement for hospitals
13 within a metropolitan statistical area. The
14 requirement for medical/surgical beds is 100 beds.
15 NLFH has never been authorized for 100
16 medical/surgical beds, we are currently authorized
17 for only 84 beds. Our proposed project is a
18 replacement project, therefore, we propose to
19 replace 84 medical/surgical beds. This number is
20 consistent with our historical and projected
21 utilization. Likewise, the requirement for
22 obstetric beds is 20 beds. While we are currently
23 authorized for 23 obstetric beds, we are proposing
24 18 beds in the new facility based on our historic
25 and projected utilization. An increase in either

1 category would not be consistent with the State's
2 calculated bed excesses for both areas. We believe
3 that is why the staff report concluded that the
4 intended scope of the project is reasonable.

5 The second standard that was not met
6 relates to clinical service areas other than
7 categories of service. The State Board -- or the
8 state report notes that there are three
9 noncategories of service that do not meet the
10 Board's utilization standards item 27. The first
11 area is the Emergency Department. We currently have
12 17 stations. We are proposing 16 stations in the
13 new facility; however, based on the state standard,
14 we can only justify 15 stations. In order to have a
15 dedicated trauma room, a dedicated behavioral health
16 room, one isolation room as we hope to do, we need
17 16 stations in order to manage our ED volume and not
18 create fall lead times. Additionally, while we
19 acknowledge that the state standard for Emergency
20 Departments is 2000 visits per station, as an
21 additional benchmark, according to the Emergency
22 Department Benchmarking Alliance, Emergency
23 Departments with comparable annual volume to
24 operation operate at an average of 1750 visitors per
25 station per year. Using in benchmark, an NLFH would

1 need 17 ED stations.

2 The second area that is slightly under
3 the State's interutilization is in the surgical
4 services department. The number of proposed
5 operating rooms is justified based on the state
6 standard, however, the number of proposed procedure
7 rooms is not. NLFH has proposed two procedure rooms
8 for GI, which is down from five in the current
9 facility, one procedure room for pain management,
10 which is the same as the current facility, and one
11 procedure room for minor procedures, which is down
12 from two in the current facility. The staff report
13 indicates that the number of rooms for pain
14 management and minor procedures is justified, but
15 only one room is justified for GI, not two.
16 However, we are proposing two rooms, because there
17 are significant equipment needs for these types of
18 cases, making it necessary to have a second room
19 variable in case of emergencies or equipment
20 malfunction. Additionally, one of the GI rooms will
21 be used for specific procedures, such as ERCP's and
22 EUS's, which require specialized equipment.

23 The third area is nuclear medicine.
24 Based on the state standard, we can justify one
25 nuclear medicine room, and we are proposing two.

1 Having only one camera would significantly reduce
2 our ability to accommodate emergency exams without
3 compromising another patient study. While the
4 average exam length is one to two hours, some exams
5 last up to five hours. Additionally, equipment
6 problems and even preventative maintenance would
7 completely help our ability to provide these
8 services. The average down time if parts are needed
9 is three days.

10 Lastly, patients receive injections of
11 radioactive materials, which must be carefully timed
12 with their imaging. Having to repeat a study due to
13 equipment failure or emergency exams would require
14 additional doses of radiation, which is not optimal
15 patient care. Our projected number of nuclear
16 medicine is only 79 procedures under the state
17 standard.

18 And now we are open to any questions
19 that the Board may have.

20 CHAIRWOMAN OLSON: Thank you. Board
21 questions? Justice?

22 JUSTICE ALAN GREIMAN: Well, if I took a
23 map of the State of Illinois and took all the
24 interest of where people live, I would think that,
25 that Lake Forest would have the smallest amount of

1 charity in their local hospital, and you have the
2 highest in the state, as far as I -- higher than
3 I've ever seen. More than 4 percent. How is that
4 happening? Who are the people, where are they
5 coming from, a mansion? Are they stepping down from
6 the mansion, Kari, or what?

7 MR. TOM McAFEE: I think that it's a
8 good question. I think that it's, it's important to
9 note that we have two emergency rooms, it isn't an
10 accident. We've been committed to providing charity
11 care to the county for many many years. The fact
12 that the hospital happens to sit in an affluent
13 community I think sometimes works against that
14 reputation. We're very proud of being number one,
15 and in fact, Northwestern Memorial downtown is also
16 very highly counted.

17 JUSTICE ALAN GREIMAN: Are many of those
18 charity assistance are from downtown?

19 MR. TOM McAFEE: No, they're all from
20 Lake Forest, they're all from Lake Forest, and to
21 answer your question, our number two zip code is
22 Waukegan outside of Lake Forest. So we draw heavily
23 from Waukegan.

24 JUSTICE ALAN GREIMAN: Okay, all right.

25 CHAIRWOMAN OLSON: Other questions?

1 VICE-CHAIRMAN HAYES: This is, you know,
2 basically this is the cost of the planning phase of
3 the project, is that correct.

4 MR. TOM McAFEE: Yes, sir.

5 VICE-CHAIRMAN HAYES: And do you have an
6 estimate and have you devised a cost of the
7 replacement hospital.

8 MR. TOM McAFEE: Yes. Perhaps Matt
9 Flynn, our Chief Financial Officer, can speak to
10 that question.

11 MR. MATTHEW FLYNN: Yeah, from early
12 estimates, we believe that the total project cost
13 will be about 372 million in capital.

14 VICE-CHAIRMAN HAYES: And how do you
15 plan on financing that.

16 MR. MATTHEW FLYNN: Well, I think with
17 Northwestern Memorial in our merger, it gives us the
18 ability to leverage the cash in our balance sheet,
19 and also look at cash flow from operations.

20 MR. TOM McAFEE: Of course, that is,
21 that is a preliminary estimate based off of
22 conceptual design, we still need some time, of
23 course, over the next year to refine that.

24 VICE-CHAIRMAN HAYES: And when would you
25 break ground for this new hospital?

1 MR. TOM McAFEE: Assuming we'd been
2 given support by this committee and track with all
3 the other support necessary through our board, we
4 would expect to be in the ground sometime around
5 this time next year, with a three-year construction
6 period, with the building being occupiable sometime
7 around 2017.

8 CHAIRWOMAN OLSON: Just for a point of
9 clarification, I just want to read one sentence in
10 the State Board Staff Report: Approval by the State
11 Board of the master design project does not obligate
12 approval or positive findings on future
13 constructions or modification projects and
14 implementing the design. So you will be back before
15 us.

16 MR. TOM McAFEE: Yes, Madam Chair, we
17 would come back later in the year after we have more
18 refined estimates to address the question of cost.
19 This is simply to give us authorization to proceed
20 beyond the limit to support the design.

21 CHAIRWOMAN OLSON: But it, did I read
22 somewhere that the design portion was to be
23 completed by the end of June in 2015.

24 MR. TOM McAFEE: That is --

25 MR. MATTHEW FLYNN: '14.

1 MR. TOM McAFEE: 2014. Sorry about
2 that.

3 CHAIRWOMAN OLSON: Other questions?

4 JUSTICE ALAN GREIMAN: Chair? Again.

5 CHAIRWOMAN OLSON: Yes, Justice.

6 JUSTICE ALAN GREIMAN: Yeah. Tell me
7 about the relationship between the downtown
8 Northwestern and your own board. Who's in charge of
9 your hospital? Who, does the downtown people, do
10 they say no to your board, or what? How does that
11 work.

12 MR. TOM McAFEE: Sure. We are one, we
13 are all under Northwestern Healthcare, so when Lake
14 Forest came together, the boards fused, the assets
15 fused, it was a full asset merger. We do have cross
16 representation on boards from Northwestern Lake
17 Forest and Northwestern Memorial, but Northwestern
18 Lake Forest, much like Northwestern Memorial, are
19 both subsidiaries under Northwestern Healthcare. So
20 the approval process will go through Lake Forest and
21 then up to the system board once we have better
22 estimates of cost. This is a unified team, we cover
23 both institutions.

24 JUSTICE ALAN GREIMAN: Thank you.

25 VICE-CHAIRMAN HAYES: I was also

1 wondering is that over the years I've been around
2 Lake Forest, and I have to admit, it's been a few
3 years, but haven't you had modifications of your
4 hospital, and significant modifications over the
5 years, of new facilities and things like that.

6 MR. TOM McAFEE: Yes, the answer is yes,
7 we have made enhancements to the campus. It's
8 been -- it's interesting, the main structure was
9 from 1942, we have another structure in the 50's, we
10 added a nursing home, a long-term care facility in
11 the 70's, and we've added medical buildings. The
12 most recent expansion was our Women's Center, which
13 is on one end of the campus. The challenge that
14 we've had with these improvements over time is it's
15 taken on a, an 1800 farmhouse type of situation
16 where it's been lateral. So it's created some of
17 the challenges that we face today where to get from
18 the Women's Center all the way over to our main
19 imaging department is quite a haul. So the last
20 improvement was a modest change with our Women's
21 Center in 2004, I believe. So nothing --

22 VICE-CHAIRMAN HAYES: And when was the
23 Women's Center built.

24 MR. TOM McAFEE: That's when it was
25 built. 2004.

1 VICE-CHAIRMAN HAYES: But that is a very
2 modern facility.

3 MR. TOM McAFEE: It's actually, it's one
4 of the nicest assets that we have on our campus. In
5 fact, we think that as we -- we did analyze, we
6 actually had a few different studies, in fact, I
7 think three over the last seven and a half years
8 that I've been at the institution, to look at
9 potential, reuse potential, could we retrofit, how
10 could we accommodate the needs. The problem is that
11 much of the main infrastructure is 75 years old. In
12 fact, we've had several utility failures, including
13 a gas line, a steam line, an electric power problem
14 on the campus that required significant investment.
15 So although a portion of the campus is in great
16 shape and we plan to figure out innovative solutions
17 through our education and our research platform to
18 reuse that, it is no longer capable of supporting
19 contemporary and acute care medicine.

20 VICE-CHAIRMAN HAYES: Would the Women's
21 Center close and be torn down?

22 MR. TOM McAFEE: No, I can't answer that
23 specifically, I doubt that we would have the intent
24 of taking it down, but that would require further
25 understanding of the needs for that portion of the

1 campus. The way the campus is configured is the
2 Board had some great insight to acquire land over
3 the last 100 years to give the ability to move
4 north, so we have the ability to establish the new
5 facility, and then over the next year we'll engage,
6 once we get approval to proceed, of course, we would
7 look to potential readers for some of those assets,
8 because you're absolutely correct, we don't want to
9 waste them. Having said that, we also don't want to
10 bifurcate the clinical care. Moving supplies
11 and food to two different destination points on the
12 campus with the scale that we have today is just not
13 efficient.

14 VICE-CHAIRMAN HAYES: Now we've heard
15 earlier today that, you know, hospital reimbursement
16 for both inpatient and for outpatient services may
17 be affected by the Affordable Care Act. You're
18 asking us to, it's kind of hard to, you know, in a
19 year from now you'll come back with a project
20 approximately 350 to \$400 million, but you'll
21 already have spent 21 million of that. Are, in
22 addition 21 million, and it's kind of hard to --
23 it's a little bit interesting to reject a project
24 that we've already, you know, that you've already
25 poured in \$21 million. Have you thought through

1 that?

2 MR. TOM McAFEE: Yeah; no, I think it's
3 a good question. I think that if you step back and
4 you look at the approach that we've had with this
5 application, we've been very conservative with our
6 forecast. Although Northwestern has invested in a
7 variety of subspecialties, we expect the acuity of
8 care to go up over time, but that overall inpatient
9 demand will continue to be stable, despite the fact
10 that we've seen organic growth in the county over
11 the years, we've done a great job in managing length
12 of stay.

13 It's challenging, because you can
14 imagine how the Board feels in investing this kind
15 of capital at a time when reimbursement is radically
16 going to change over health care reimbursement. But
17 the fact remains that we also have to have a
18 physical plan that allows us to support the
19 diagnostic and surgical intervention in the recovery
20 for patients in rooms that are just simply at the
21 end of their life. The last thing we want to do is
22 invest resources that are not going to be
23 effectively utilized in the future. Hence, the need
24 to be enormously flexible on the design. So we've
25 tried to approach, in fact, that's why we're

1 suggesting even taking bed, beds out of OB in our
2 general med/surge, keeping that constant, because
3 most application, as you would expect, would
4 anticipate growth. We have strong belief that the
5 investment in the outpatient platform is where the
6 future holds, and that's been our focus to date.

7 VICE-CHAIRMAN HAYES: Thank you.

8 CHAIRWOMAN OLSON: Further questions
9 from the Board? Okay, I would like a motion to
10 approve Project 13-033, Northwestern Lake Forest
11 Hospital to authorize a master design project.

12 DAVID PENN: So moved.

13 RICHARD SEWELL: Second.

14 CHAIRWOMAN OLSON: Roll call.

15 MR. NELSON AGBADO: Motion made by Mr.
16 Penn, seconded by Mr. Sewell. Mr. Bradley.

17 PHILIP BRADLEY: Yes.

18 MR. NELSON AGBADO: Dr. Burden.

19 DR. JAMES BURDEN: Yes.

20 MR. NELSON AGBADO: Senator Demuzio.

21 SENATOR DEMUZIO: Yes.

22 MR. NELSON AGBADO: Justice Greiman.

23 JUSTICE ALAN GREIMAN: Yes.

24 MR. NELSON AGBADO: Mr. Hayes.

25 VICE-CHAIRMAN HAYES: Yes.

1 MR. NELSON AGBADO: Mr. Penn.

2 DAVID PENN: Yes.

3 MR. NELSON AGBADO: Mr. Sewell.

4 RICHARD SEWELL: Yes, in spite of the
5 performance requirements standard, which I think
6 might have had more influence on me if you were
7 talking about a new facility rather than planning
8 from, you know, with the constraints of the existing
9 bed. So yes.

10 MR. NELSON AGBADO: Yes, okay, thank
11 you. Madam Chairwoman Olson.

12 CHAIRWOMAN OLSON: Yes.

13 MR. NELSON AGBADO: Eight votes in
14 affirmative, zero negative.

15 CHAIRWOMAN OLSON: Motion passes, we'll
16 look forward to seeing your design.

17 MR. TOM McAFEE: Thank you.

18 CHAIRWOMAN OLSON: Next I'm going to
19 call up St. Elizabeth's 13-034. And at this time I
20 would also like to call up 13-036, Touchette
21 Regional Hospital. The reason I'm calling both
22 applicants to the table is, it will become evident,
23 because one project depends on the other. It will
24 be two separate votes.

25 Would you introduce yourselves and spell

1 your names for the court reporter. Identify which
2 project you're with, too.

3 DR. RANDY JUNG: This is St. Elizabeth's
4 CON presentation, I'm Dr. Randy Jung, J-U-N-G.

5 MS. MARYANN REESE: Maryann Reese,
6 M-A-R-Y-A-N-N, one word, R-E-E-S-E. And I'm with
7 St. Elizabeth's.

8 MS. CLAIRE RANALLI: Claire Ranalli,
9 R-A-N-A-L-L-I, and I'm counsel for both St.
10 Elizabeth's and Touchette.

11 MR. LARRY McCULLEY: Larry McCulley, CEO
12 Touchette Regional Health Center, Project 13-036.

13 MR. THOMAS MIKKELSON: And Thomas
14 Mikkelson, M-I-K-K-E-L-S-O-N, with Touchette.

15 (All were sworn.)

16 CHAIRWOMAN OLSON: George?

17 MR. GEORGE ROATE: Thank you, Madam
18 Chair. The applicants are proposing to discontinue
19 a 35-bed acute mental illness category of service at
20 their hospital in Belleville. There is no cost to
21 this project. The Board staff wishes to note that
22 there was a supplemental mailing that contained
23 factual information where an opposition, the only
24 opposition letter to the project was redacted, and
25 the person who wrote it now supports the program.

1 Your, your project files contain financial
2 information from Hospital Sisters Services,
3 Incorporated, the consolidated financials.

4 There was a public hearing held on
5 August 29th of this year at Belleville City Council
6 Chambers. There was one of the people who
7 registered and spoke in support, there was one
8 person who spoke in opposition, a Dr. Maria
9 Scarborough. And there are, there are negative
10 findings -- no, I take that back. The applicants
11 are in conformance with Series 1110 criteria, and
12 part 1120 was not applicable. Thank you, Madam
13 Chair.

14 CHAIRWOMAN OLSON: Thank you. Comments
15 for the Board?

16 MS. MARYANN REESE: Good afternoon. I'm
17 Maryann Reese, I serve as the President and CEO of
18 St. Elizabeth's Hospital, I'm also a registered
19 nurse. I have with me today Dr. Jung, who is our
20 psychiatrist and also the director of our program at
21 St. Elizabeth's Behavioral Health. I also have with
22 me Claire Ranalli, my legal counsel, as well. I
23 would like to first thank the HFSRB staff for the
24 work on this project, we do appreciate it and thank
25 you.

1 Today we're seeking approval for what we
2 believe to be a very forward thinking regional
3 behavioral health care collaboration with Touchette
4 Hospital. This will create one regional high
5 quality, efficient and effective program. We are
6 going to decrease the number of beds in Planning
7 Area 10. We also believe this will involve all
8 mental health providers originally in our planning
9 area if this is approved. We set out to, with
10 Touchette, to create a comprehensive continuum of
11 care program, and we believe that this will be
12 quality care for our acute mental illness residents.
13 This CON will eliminate duplication, allow Touchette
14 Regional to construct a new unit, balance out the
15 number of beds in Planning Area 10, and maintain
16 access we believe to vital services.

17 In closing, we believe this
18 collaboration with Touchette will be a model for
19 cost effective, efficient and quality care for the
20 residents of our community for the long-term. And
21 with that, I would welcome any questions on the St.
22 Elizabeth's project. Or CON.

23 CHAIRWOMAN OLSON: Are there questions
24 from the Board on the St. Elizabeth's CON project?

25 PHILIP BRADLEY: I have one question, if

1 I may. On the face of it, it looks like a very well
2 thought out plan. It's, it increases efficiencies,
3 and I don't see any problem with it, but there was
4 an underlying current among some people in
5 Belleville that this represents the first step
6 towards closing that hospital in downtown Belleville
7 and moving it elsewhere. Does the -- do the
8 Hospital Sisters have any intention of closing that
9 hospital sometime in the future?

10 MS. MARYANN REESE: First of all, this
11 is about behavioral health services in our
12 community --

13 PHILIP BRADLEY: I understand that.

14 MS. MARYANN REESE: We continue to do
15 due diligence on what kinds of services we provide
16 and will provide in the future, so we're discerning
17 and doing due diligence on that.

18 PHILIP BRADLEY: Is that no?

19 DR. JAMES BURDEN: Could not answer.

20 PHILIP BRADLEY: Should I take from that
21 that the people who are concerned that hospital
22 remaining in downtown Belleville with the services
23 and the jobs have, may have some reason for concern.

24 MS. MARYANN REESE: This is about
25 providing mental health services for the region.

1 PHILIP BRADLEY: No, this is about
2 answering a question from somebody who is
3 responsible for implementing overall planning for
4 health facilities in the state who may at some time
5 have to deal with the question whether to allow you
6 to close the hospital. I think you'd be well
7 advised to not duck the question.

8 MS. MARYANN REESE: And I'm sorry, sir,
9 I'm not trying to duck the question, we continue to
10 do due diligence, and I, I don't have an answer, I
11 can't say -- I don't have an answer for that right
12 now.

13 PHILIP BRADLEY: Well, that in itself is
14 an answer.

15 CHAIRWOMAN OLSON: Other questions from
16 board members on the St. Elizabeth's project?

17 (No questions.)

18 There being none, may I have a motion to
19 approve Project 13-034, St. Elizabeth's Hospital
20 Belleville to discontinue its 35 bed acute mental
21 illness category of service.

22 RICHARD SEWELL: So moved.

23 VICE-CHAIRMAN HAYES: Second.

24 MR. NELSON AGBADO: Motion made by
25 Mr. Sewell, second by Mr. Hayes. Mr. Bradley.

1 PHILIP BRADLEY: Yes.

2 MR. NELSON AGBADO: Dr. Burden.

3 DR. JAMES BURDEN: Yes.

4 MR. NELSON AGBADO: Senator Demuzio.

5 SENATOR DEMUZIO: Yes.

6 MR. NELSON AGBADO: Justice Greiman.

7 JUSTICE ALAN GREIMAN: Yes.

8 MR. NELSON AGBADO: Mr. Hayes.

9 VICE-CHAIRMAN HAYES: Yes.

10 MR. NELSON AGBADO: Mr. Penn.

11 DAVID PENN: Yes.

12 MR. NELSON AGBADO: Mr. Sewell.

13 RICHARD SEWELL: Yes.

14 MR. NELSON AGBADO: Chairwoman Olson.

15 CHAIRWOMAN OLSON: Yes.

16 MR. NELSON AGBADO: Thank you. Eight

17 votes in the positive, zero in negative.

18 CHAIRWOMAN OLSON: The motion passes,

19 thank you. And then if, you were already sworn in.

20 George, do you want to do the --

21 MR. GEORGE ROATE: Thank you, Madam

22 Chair. The next report to, or the next project to

23 be considered is Docket Number H-13, Project 13-036.

24 The applicants are Touchette Regional Hospital and

25 Southern Illinois Healthcare Foundation and Hospital

1 Sisters services. They are seeking approval to
2 expand their inpatient mental health unit from 12
3 beds to 30 beds. The anticipated project cost is
4 \$30.2 -- I'm sorry, \$10.1 million, I need glasses,
5 too, I'm sorry.

6 The Board staff reports there's numerous
7 letters of support. The applicant's board staff
8 would also like to point out on Page 4, or Table 4,
9 Page 6 of your application there's a typo in regard
10 to the safety net information. If you look at the
11 total charity care cost in dollars, what you'll see
12 on Table 4 is \$2,825, that actually needs to be
13 \$2,825,007. Board staff also wishes to note they're
14 in -- not in conformance with part 1110 in the sense
15 that there is an excess of 51 beds in the planning
16 area, and they are also not in conformance with
17 Section 1120, because they're over when it comes to
18 site survey and soil investigation costs and
19 architectural and engineering costs. Thank you,
20 Madam Chair.

21 CHAIRWOMAN OLSON: Thank you, George.
22 Comments for the Board?

23 MR. LARRY McCULLEY: Good afternoon. My
24 name is Larry McCulley, and I'm the Chief Operating
25 Officer of Touchette Regional Hospital and Southern

1 Illinois Healthcare Foundation. With me today is
2 the Chief Operating Officer of Touchette Tom
3 Mikkelson, and our counsel Claire Ranalli.

4 Just to keep our points to a minimum,
5 first I want to thank the Board staff for all the
6 work and guidance on this project, and very pleased
7 to see that we have a positive report. I also want
8 to thank the Board today for getting to hear what we
9 believe is an innovative project that will help the
10 Southern Illinois region. This project, and with
11 your approval today, really is the first step that
12 we are going to take in Southern Illinois to not
13 only create a greater efficiency with inpatient
14 behavioral health, but more importantly, create a
15 regional network of services that coordinate the
16 care in line with the national health care reforms,
17 the state health care reforms, and align with some
18 of the reforms that HSF is putting through. This
19 allows us to create not just this inpatient hub, but
20 to begin working with the area EMS systems,
21 emergency room systems, to create protocol and
22 coordinated care so individuals don't end up in
23 emergency rooms for a period of time. But also most
24 importantly, to work with the ER so they understand
25 the importance of dealing with the acute medical

1 issues of those patients when they arrive before
2 they seek to transfer a behavioral health patient.
3 We also will look at layering in intensive
4 outpatient services for our patients so we can
5 prevent admissions and readmissions. We're also
6 going to be working very closely with our community
7 mental health organizations primarily looking at the
8 support this morning from our 708 County, 708 Mental
9 Health Board, we'll be working very closely with
10 Southern Illinois Healthcare Foundation's FQAC that
11 are located in nine different counties in Southern
12 Illinois, and of course we're going to layer this
13 with the private community mental health providers,
14 and with the primary care providers, because more
15 importantly, what we're trying to get done is a care
16 coordination system for people with behavioral
17 health conditions to get them into a level of care
18 that seeks quality at the lowest level so we don't
19 have to get them into an inpatient setting if we can
20 prevent it.

21 At this point in time I'll defer the
22 rest of my comments to any questions you may have.

23 CHAIRWOMAN OLSON: Thank you. Questions
24 from the Board? Mr. Hayes?

25 VICE-CHAIRMAN HAYES: Thank you. Are

1 you -- is St. Elizabeth's Hospital and Touchette
2 Regional Hospital, are they owned by the same
3 groups?

4 MR. LARRY McCULLEY: No, they are not.

5 VICE-CHAIRMAN HAYES: Are they a
6 religious affiliated hospitals.

7 MS. MARYANN REESE: St. Elizabeth's is a
8 Catholic institution owned and operated by Hospital
9 Sisters Health System out of Springfield, Illinois.

10 VICE-CHAIRMAN HAYES: And Touchette?

11 MR. LARRY McCULLEY: Touchette is a
12 private corporate not-for-profit, is a subsidiary of
13 Southern Illinois Healthcare Foundation and was
14 created back in 1947 in Centreville, Illinois, to
15 make sure that individuals that are underserved and
16 underrepresented had a chance to receive health
17 care.

18 VICE-CHAIRMAN HAYES: Thank you.

19 CHAIRWOMAN OLSON: Other questions? I
20 have just one. Is it correct that Centreville and
21 Belleville are about ten minutes apart?

22 MR. LARRY McCULLEY: Centreville
23 actually borders Belleville on the southwestern
24 corner.

25 CHAIRWOMAN OLSON: Other questions?

1 (No questions.)

2 May I have a motion to approve Project
3 13-036, Touchette Regional Hospital, Centreville, to
4 add 18 AMI beds to its 12-bed acute mental illness
5 unit?

6 SENATOR DEMUZIO: So moved.

7 JUSTICE ALAN GREIMAN: Second.

8 MR. NELSON AGBADO: Motion made by
9 Senator Demuzio, seconded by Mr. Penn.

10 CHAIRWOMAN OLSON: Roll call?

11 MR. NELSON AGBADO: I'm sorry, second by
12 Justice Greiman. Mr. Bradley.

13 PHILIP BRADLEY: Yes.

14 MR. NELSON AGBADO: Dr. Burden.

15 DR. JAMES BURDEN: Yes.

16 MR. NELSON AGBADO: Senator Demuzio.

17 SENATOR DEMUZIO: Yes.

18 MR. NELSON AGBADO: Justice Greiman.

19 JUSTICE ALAN GREIMAN: Yes.

20 MR. NELSON AGBADO: Mr. Hayes.

21 VICE-CHAIRMAN HAYES: Yes.

22 MR. NELSON AGBADO: Mr. Penn.

23 DAVID PENN: Yes.

24 MR. NELSON AGBADO: Mr. Sewell.

25 RICHARD SEWELL: Yes.

1 MR. NELSON AGBADO: Chairwoman Olson.

2 CHAIRWOMAN OLSON: Yes.

3 MR. NELSON AGBADO: Eight vote in
4 affirmative, zero in negative.

5 CHAIRWOMAN OLSON: Motion passes. Thank
6 you all, good luck.

7 Next we have 13-035, Julia Rackley Perry
8 Memorial Princeton. This project had no opposition
9 and no findings.

10 Would you please state your name and
11 spell it for the court reporter.

12 MR. REX CONGER: Rex Conger,
13 C-O-N-G-E-R.

14 MS. TRICIA ELLISON: Tricia Ellison,
15 E-L-L-I-S-O-N.

16 MS. DENISE JACKSON: Denise Jackson,
17 J-A-C-K-S-O-N.

18 (All were sworn.)

19 CHAIRWOMAN OLSON: George.

20 MR. GEORGE ROATE: Thank you, Madam
21 Chair. The applicant proposes to discontinue its
22 obstetrics program, which is located in a critical
23 access hospital in Princeton, Illinois. There are
24 no costs to this project, and they site the reason
25 for the discontinuation as a steady decline in

1 utilization. There are no letters of support or
2 opposition to the project, and they are in
3 conformance with Section 1110; Section 1120 is not
4 applicable. Thank you, Madam Chair.

5 CHAIRWOMAN OLSON: Thank you. Since
6 there's no opposition or negative findings, would
7 you like to let us just ask questions, or do you
8 have a statement you'd like to read?

9 MR. REX CONGER: Just a brief statement.
10 We are proposing to discontinue our OB service,
11 which includes four of our 25 beds, and then to use
12 the four discontinued beds as part of our adjacent
13 18-bed medical/surgical unit. There -- I'm pleased
14 to answer any questions.

15 CHAIRWOMAN OLSON: Thank you. Questions
16 from board members?

17 JUSTICE ALAN GREIMAN: Yes. So is that
18 because that you're not making any money off those
19 four beds?

20 MR. REX CONGER: No, the number of
21 deliveries has been dropping over the last ten
22 years, we are now down below 100 births per year.

23 JUSTICE ALAN GREIMAN: So. That's 100
24 births, that's 20, 20 births a bed. Something like
25 that.

1 MR. REX CONGER: Well, but if you look
2 at trying to maintain a level of competency, we are
3 concerned that that number is -- our capability is
4 deteriorating and we don't want -- we see no way
5 that that number is going to change other than going
6 down further, if you look at the average population,
7 at the age of our population.

8 JUSTICE ALAN GREIMAN: Well, I'm
9 concerned, though, that you say we're not making
10 money off of this section, so let's get rid of it,
11 where I'd like to see other sections of the hospital
12 support other sections in this, you know, there's
13 going to be rich or poor. And I like to see rich
14 sections support the poor sections so that we
15 analyze it and we all make a living.

16 MR. REX CONGER: Well, we have been
17 losing money on -- if we were going to just make a
18 quick decision to close based on losing money we
19 would have closed ten years ago, so we have been
20 supporting it over that last ten years. If you look
21 at the change in reimbursement, we are no longer
22 able to support a service in the building that is
23 losing a half a million dollars a year.

24 JUSTICE ALAN GREIMAN: Okay, all right,
25 thank you.

1 CHAIRWOMAN OLSON: Mr. Sewell.

2 RICHARD SEWELL: Yeah, there was at one
3 time, I don't know if it's still current, maybe even
4 Mike Jones can help me. There was an American
5 college of obstetricians and gynecologists standard
6 that no fewer than 500 deliveries per maternity
7 ward. So if you're going to have one, you have to
8 have, you know, should have 500.

9 DAVID CARVALHO: Yes, I was trying to
10 find it online to see what their current
11 recommendation is. Judge Greiman, the concern both
12 of the Department of Mental Health and the
13 obstetrician community is that when the number of
14 births in a hospital drops below a certain number,
15 the expertise and the quality of the services that
16 can be delivered deteriorates, because people just
17 lose their skills, and it's hard to keep it staffed
18 with appropriately skilled persons. So I don't
19 recall exactly what that number was, but it's
20 definitely much higher than 100 per year.

21 CHAIRWOMAN OLSON: Mr. Penn, did you
22 have a question?

23 DAVID PENN: I was going to see if he
24 wants some coffee.

25 CHAIRWOMAN OLSON: Oh, no, I thought you

1 had a question. Dr. Burden.

2 DR. JAMES BURDEN: Just a little
3 anecdotal story, it's getting late, so I always
4 throw one out. But I'm 80 years of age, so 70 years
5 ago when I was showing a white faced cattle in
6 Bureau County Fair, I had a lot of farmers in my
7 family, I can remember being in the Princeton
8 courthouse with my pop when he was practicing law
9 looking at the combines that his relatives owned
10 basically. I'm a little chagrin when I read about
11 stuff like that the old place that I remember as a
12 kid being so vibrant, (inaudible) has Ronald
13 Reagan's replica, and all my pals don't believe me,
14 but I've met him and knew him, you know, his father
15 lived above the Rexall Drug Store, and he was the
16 town drunk. This is off the record. I've been
17 around that town and around that country when I was
18 younger an awful lot. And that --

19 CHAIRWOMAN OLSON: Other questions?

20 VICE-CHAIRMAN HAYES: Madam Chairwoman.

21 CHAIRWOMAN OLSON: Yes, Mr. Hayes.

22 VICE-CHAIRMAN HAYES: Where would the,
23 where are the patients going to now? Is it to,
24 could you describe where these services are
25 available and the distance?

1 MR. REX CONGER: Yes. St. Margaret's is
2 I believe 18 miles.

3 MS. DENISE JACKSON: About 16 miles
4 away.

5 MR. REX CONGER: 16 miles east of us,
6 and IVCH is another three miles beyond that.

7 CHAIRWOMAN OLSON: Other questions?

8 VICE-CHAIRMAN HAYES: And what towns are
9 they located in.

10 MR. REX CONGER: One is LaSalle Peru --
11 well, one is Spring Valley, the other one is Peru.

12 VICE-CHAIRMAN HAYES: All right, thank
13 you.

14 CHAIRWOMAN OLSON: Other questions?

15 (No questions.)

16 May I have a motion to approve Project
17 13-035, Julia Rackley Perry Memorial Hospital in
18 Princeton, to discontinue its obstetrics category of
19 service?

20 PHILIP BRADLEY: So moved.

21 VICE-CHAIRMAN HAYES: Second.

22 MR. NELSON AGBADO: Motion made by Mr.
23 Bradley, second by Mr. Hayes. Mr. Bradley.

24 PHILIP BRADLEY: Yes.

25 MR. NELSON AGBADO: Dr. Burden.

1 DR. JAMES BURDEN: I was blabbing again,
2 what did I -- what's your vote?

3 CHAIRWOMAN OLSON: To discontinue OB.

4 DR. JAMES BURDEN: Yes, of course.

5 MR. NELSON AGBADO: So it's yes, thank
6 you. Senator Demuzio.

7 SENATOR DEMUZIO: Yes. Now he can
8 finish telling me the story.

9 MR. NELSON AGBADO: Judge Greiman.

10 JUSTICE ALAN GREIMAN: Yes.

11 MR. NELSON AGBADO: Mr. Hayes.

12 VICE-CHAIRMAN HAYES: Yes.

13 MR. NELSON AGBADO: Mr. Penn.

14 DAVID PENN: Yes.

15 MR. NELSON AGBADO: Mr. Sewell.

16 RICHARD SEWELL: Yes.

17 MR. NELSON AGBADO: Chairwoman Olson.

18 CHAIRWOMAN OLSON: Yes.

19 MR. NELSON AGBADO: Thank you. Eight
20 votes in positive, zero negative.

21 CHAIRWOMAN OLSON: The motion passes.

22 Thank you. Good luck.

23 Would the board members like a
24 ten-minute break, or do you want to keep going? No?
25 No break.

1 SENATOR DEMUZIO: No, no break.

2 JUSTICE ALAN GREIMAN: Keep going.

3 DAVID PENN: Yes, break.

4 CHAIRWOMAN OLSON: Do you need a break?

5 DAVID PENN: No, go ahead.

6 CHAIRWOMAN OLSON: Next, next up is
7 13-039 Center for Ambulatory Surgery at Swedish
8 Covenant Hospital in Chicago.

9 Welcome, would you state your name and
10 spell it for the court reporter?

11 MR. MARK NEWTON: Yes, Mark Newton,
12 N-E-W-T-O-N, I'm the President and Chief Executive
13 Officer of Swedish Covenant Hospital.

14 CHAIRWOMAN OLSON: George?

15 MR. GEORGE ROATE: Thank you, Madam
16 Chair. The applicants, Swedish Covenant Surgery
17 Center, LLC, are proposing to transfer the entirety
18 of its ownership interest in the Swedish Covenant
19 Surgery Center -- or in the Center for Ambulatory
20 Surgery at Swedish Covenant Hospital to Swedish
21 Covenant Hospital. This, this project has no
22 reported expenses, as Swedish Covenant Hospital
23 states they will expense any of the cost related to
24 the transaction. The proposed project is scheduled
25 to be completed by December 31st, 2013. There are

1 no letters in support or opposition to the project,
2 and no public hearing was called. Thank you, Madam
3 Chair.

4 PHILIP BRADLEY: Can we just cut to the
5 chase? I move to approve it.

6 RICHARD SEWELL: Second.

7 CHAIRWOMAN OLSON: All righty then. I
8 have a motion to approve Project 13-039, the Center
9 for Ambulatory Surgery at Swedish Covenant Hospital,
10 to transfer ownership of the Multispecialty
11 Ambulatory Surgery Treatment Center to Swedish
12 Covenant Hospital.

13 VICE-CHAIRMAN HAYES: So moved.

14 PHILIP BRADLEY: Second.

15 CHAIRWOMAN OLSON: No, I think we
16 already had a -- Bradley/Sewell.

17 MR. NELSON AGBADO: Okay, the motion
18 made by Mr. Bradley, second by Mr. Sewell.

19 CHAIRWOMAN OLSON: Roll call, please.

20 MR. NELSON AGBADO: Mr. Bradley.

21 PHILIP BRADLEY: Yes.

22 MR. NELSON AGBADO: Dr. Burden.

23 DR. JAMES BURDEN: Yes.

24 MR. NELSON AGBADO: Senator Demuzio.

25 SENATOR DEMUZIO: Yes.

1 MR. NELSON AGBADO: Justice Greiman.
2 JUSTICE ALAN GREIMAN: Yes.
3 MR. NELSON AGBADO: Mr. Hayes.
4 VICE-CHAIRMAN HAYES: Yes.
5 MR. NELSON AGBADO: Mr. Penn.
6 DAVID PENN: Yes.
7 MR. NELSON AGBADO: Mr. Sewell.
8 RICHARD SEWELL: Yes. Chairwoman Olson.
9 CHAIRWOMAN OLSON: Yes.
10 MR. NELSON AGBADO: Eight vote in
11 positive, zero negative.
12 CHAIRWOMAN OLSON: Motion passes, thank
13 you.
14 MR. MARK NEWTON: Thank you.
15 PHILIP BRADLEY: It was the most
16 stirring presentation we've had all day.
17 MR. MARK NEWTON: Thank you. I do
18 appreciate the Board's support, and I'm happy I got
19 the high, so thank you.
20 CHAIRWOMAN OLSON: We appreciate you
21 coming.
22 MR. MARK NEWTON: Thank you.
23 CHAIRWOMAN OLSON: Project Number
24 13-031, DaVita Waukegan Renal Center in Waukegan.
25 Please state your names for the court

1 reporter.

2 MS. PENNY DAVIS: Penny Davis,
3 P-E-N-N-Y, Davis, D-A-V-I-S.

4 MR. CHARLES SHEETS: Chuck Sheets,
5 S-H-E-E-T-S.

6 MS. ANN COOPER: Ann Cooper.

7 (All were sworn.)

8 CHAIRWOMAN OLSON: George.

9 MR. GEORGE ROATE: Thank you, Madam
10 Chair. The applicants are proposing to discontinue
11 a 22-station ESRD facility in Waukegan located at
12 1616 North Grand Avenue in Waukegan, and reestablish
13 a 22-station replacement facility at the 3400 block
14 of Grand Avenue in Waukegan. The cost of the
15 project is \$4 million. Board staff notes that
16 there's one left opposition to this project
17 contained in the project file. There were no
18 letters of support, and no public hearing. Board
19 staff notes that there is -- there were negative
20 findings for 1110; no negative findings for 1120.
21 The negative findings for 1110 were that the current
22 facility is not at the target occupancy of 80
23 percent, and their most recent utilization
24 percentage is 71.2 percent. Thank you, Madam Chair.

25 CHAIRWOMAN OLSON: Comments for the

1 Board?

2 MS. PENNY DAVIS: Thank you. My name is
3 Penny Davis, and I'm the Division Vice-president for
4 DaVita in the Chicagoland area. First of all, I'd
5 like to congratulate Chairwoman Olson on her
6 appointment, and thank the Board staff for the
7 mostly positive State Agency Report.

8 We're seeking to relocate the existing
9 22-station Waukegan Renal Center approximately five
10 minutes from its current location to a much more
11 modern building that meets life safety code
12 standards and Medicare conditions of participation.

13 Importantly, this project meets all the
14 Board's standards with the exception of one, which I
15 will discuss. We are not requesting to add stations
16 to Waukegan Renal Center, so the relocation will not
17 create a maldistribution of services or increase the
18 number of excess stations in the planning area. The
19 relocated Waukegan Renal Center will not impact
20 other providers in the area, as it will continue to
21 treat its current and future patient base. We do
22 not anticipate patients from other facilities will
23 transfer to Waukegan Renal Center.

24 We acquired the center in 2011 as part
25 of a larger transaction when we acquired the DSI

1 facilities. The facility was identified early on by
2 DaVita as a facility that would need to be
3 relocated, as the size and design of the facility
4 create operational and logistical inefficiencies and
5 do not comply with DaVita's physical plan
6 requirements. The existing facility houses 22
7 stations in 5,725 gross square feet, or 260 gross
8 square feet per station. This is 50 percent of the
9 allowable amount under the Board's standards. And
10 what that causes is infection control issues, family
11 visitor issues, that they can't come in because the
12 stations are too close together. The existing
13 facility doesn't comply with current life safety
14 code standards because it was built before those
15 standards were promulgated.

16 Existing facility has suboptimal site
17 lines for monitoring patients, putting patients at
18 risk, for blood loss from dislodged needles,
19 especially while sleeping. The water treatment room
20 is in the basement of the existing facility, and
21 uses a sewage ejector system pump to pump out water
22 used on the treatment floor one story above it.
23 This set-up does not conform in any way to DaVita's
24 standards of care due to the system's potential to
25 fail and the resultant flooding should it occur.

1 The egresses also do not meet current
2 ADA standards. The existing facility does not have
3 direct exits to the outside. Patients, visitors and
4 staff must use common building exits from the first
5 floor, which is only one ADA compliant exit. That
6 one ADA compliant exit is on the west side of the
7 building, far from the parking area. Parking is not
8 immediately adjacent to the building, and there is
9 no dedicated patient drop off. This causes an
10 inconvenience for patients and creates additional
11 safety hazards.

12 The new facility will be designed and
13 built with operational and logistical efficiencies
14 in mind, the current life safety code requirements
15 and Medicare conditions of participation, and will
16 conform to DaVita's standards of care. The new --
17 the size of the new facility will be approximately
18 57 percent larger than the existing facility and
19 will improve operational efficiency. We'll have a
20 dedicated patient drop-off and will also have a
21 cover, a cover over the, the drop-off area.

22 The new location was selected
23 specifically with patient access in mind. In fact,
24 when we acquired the center in October of 2011, we
25 had an architect come in and, in March of 2012 to

1 review the facility and make the determination that
2 it could not be renovated. It took us this long to
3 find another facility that was directly on the same
4 road, on the same bus line for the patients.
5 Currently about 60 percent of the patients in that
6 area utilize public transportation.

7 We received one negative finding
8 about -- and that was related to the utilization.
9 The existing facility actually now it's close to the
10 Board's 80 percent utilization. At the time we
11 filed it was at 72 percent, it's currently operating
12 at 74.2. Only eight more patients will help us
13 reach the 80 percent utilization. The
14 underutilization is a direct result of the poor
15 physical plan conditions which will not exist at a
16 replacement facility. We expect all the existing
17 patients to transfer, and additionally,
18 Dr. Freeland, who is our medical director, currently
19 has 41 pre-ESRD patients who are expected to
20 initiate dialysis within the next two years. He
21 anticipates referring 25 of those patients to the
22 Waukegan Renal Center, which would increase
23 utilization to 93.18 percent.

24 I'd like to thank the Board and, for
25 your time and consideration, and answer any

1 questions you might have.

2 CHAIRWOMAN OLSON: Questions from the
3 Board?

4 I would like to note for the record that
5 Dr. Burden had to leave, but we do still have a
6 quorum present. Questions? No questions?

7 (No questions.)

8 May I have a motion to approve Project
9 13-013, DaVita Waukegan Renal Center in Waukegan, to
10 discontinue its existing 22-station ESRD facility
11 and establish a 22-station ESRD facility.

12 DAVID PENN: So moved.

13 CHAIRWOMAN OLSON: Oh, I'm sorry 031, I
14 said 013.

15 DAVID PENN: Second.

16 MR. NELSON AGBADO: Motion made by Mr.
17 Penn, seconded by Mr. Hayes. Mr. Bradley.

18 PHILIP BRADLEY: Yes.

19 MR. NELSON AGBADO: Dr. Burden. Absent.
20 Senator Demuzio.

21 SENATOR DEMUZIO: Yes.

22 MR. NELSON AGBADO: Justice Greiman.

23 JUSTICE ALAN GREIMAN: Yes.

24 MR. NELSON AGBADO: Mr. Hayes.

25 VICE-CHAIRMAN HAYES: Yes.

1 MR. NELSON AGBADO: Mr. Penn.

2 DAVID PENN: Yes.

3 MR. NELSON AGBADO: Mr. Sewell.

4 RICHARD SEWELL: Yes.

5 MR. NELSON AGBODO: Madam Chair Olson.

6 CHAIRWOMAN OLSON: Yes.

7 MR. NELSON AGBADO: I have seven votes
8 in positive, two absent.

9 CHAIRWOMAN OLSON: Motion passes.

10 DAVID PENN: Thank you.

11 MS. PENNY DAVIS: Thank you.

12 CHAIRWOMAN OLSON: Okay. 13-051,
13 Comprehensive -- Center for Comprehensive Services
14 in Palatine.

15 Would you state your names and spell it
16 for the court reporter.

17 MS. HEATHER DEMPSEY: Heather Dempsey,
18 D-E-M-P-S-E-Y.

19 MR. CHRIS WILLIAMSON: Chris Williamson,
20 W-I-L-L-I-A-M-S-O-N.

21 MR. STEVE MILLER: Steve Miller,
22 M-I-L-L-E-R.

23 (All were sworn.)

24 CHAIRWOMAN OLSON: George.

25 MR. GEORGE ROATE: Board staff wishes to

1 point out first and foremost that the project number
2 on your State Agency Report is incorrect, it's
3 actually 13-051. This project -- in this project
4 the applicants propose to establish a five-bed
5 community-based comprehensive rehabilitation center
6 in Palatine. The total cost of the project is \$1.1
7 million. This project is proposed under the
8 Alternative Healthcare Delivery Act. This, this
9 project has been before the Board before. In March
10 of 2010 the applicants were approved for 100 beds
11 under the Alternative Healthcare Delivery Act model
12 for community-based residential rehabilitation
13 centers in the Greater Chicago area. This
14 application is part of that, that greater project.
15 Other projects under this framework were an
16 eight-bed facility in Des Plaines, Illinois, Project
17 09-060, and an eight-bed facility -- excuse me, in
18 Palatine, Illinois, Project 12-033. There were no
19 letters of opposition or support for this project,
20 and no public hearing was held, Madam Chair. Thank
21 you.

22 CHAIRWOMAN OLSON: Can I ask a question,
23 George? Were there findings? Or there were no
24 findings?

25 MR. GEORGE ROATE: There technically --

1 there were no negative findings on the report, but
2 the criteria, itself, is, is, it is an 1100, and
3 there were no negative findings basically. It's
4 essentially just proving that they have been
5 approved for the 100-bed model, and they're simply
6 keeping within those parameters. The criteria is
7 somewhat broad at this point, if I could say so.

8 CHAIRWOMAN OLSON: Okay, so there is
9 essentially no opposition and number of proposed
10 findings.

11 MR. GEORGE ROATE: No, ma'am.

12 CHAIRWOMAN OLSON: With that said, would
13 the -- would you like to make a statement or would
14 you just like to answer questions.

15 MR. CHRIS WILLIAMSON: We'll answer
16 questions, thank you.

17 CHAIRWOMAN OLSON: Questions from the
18 Board?

19 JUSTICE ALAN GREIMAN: Yeah, I've got a
20 question. How do you, how do you take care of five
21 beds? Where do you get people, doctors who would
22 come and take care of five beds every third day, or
23 how do they do that? How does that work.

24 MR. CHRIS WILLIAMSON: Our physician
25 comes to our facility one time a week, he's a local

1 physician within the Des Plaines area, and then we
2 take him to, take our participants to their
3 appointments as needed. They have to be medically
4 stable to admit to our facility, and we have L.P.N.
5 and R.N. 24 hours a day.

6 JUSTICE ALAN GREIMAN: So you can get
7 people there at all times is what you're saying.

8 MR. CHRIS WILLIAMSON: Yes, sir.

9 JUSTICE ALAN GREIMAN: And you do -- and
10 that happens, right?

11 MR. CHRIS WILLIAMSON: Yes.

12 JUSTICE ALAN GREIMAN: Okay, thank you.

13 CHAIRWOMAN OLSON: Other questions? I
14 would just like to make a comment. I actually
15 really like this model. I managed an outpatient
16 rehab center for a while, and I think that this
17 model is really important to integrating them back
18 into the community. It's a great model. Don't.

19 MR. CHRIS WILLIAMSON: Thank you.

20 CHAIRWOMAN OLSON: Okay. May I have a
21 motion to approve Project 13-051, Center for
22 Comprehensive Services, Inc., in Palatine to
23 establish a five-bed community-based comprehensive
24 rehabilitation center?

25 DAVID PENN: So moved.

1 JUSTICE ALAN GREIMAN: Second.

2 MR. NELSON AGBADO: Motion made by Mr.

3 Penn, second by Justice Greiman.

4 CHAIRWOMAN OLSON: Roll call.

5 MR. NELSON AGBADO: Mr. Bradley.

6 PHILIP BRADLEY: Yes.

7 MR. NELSON AGBADO: Dr. Burden. Absent.

8 Senator Demuzio.

9 SENATOR DEMUZIO: Yes.

10 MR. NELSON AGBADO: Justice Greiman.

11 JUSTICE ALAN GREIMAN: Yes.

12 MR. NELSON AGBADO: Mr. Hayes.

13 VICE-CHAIRMAN HAYES: Yes.

14 MR. NELSON AGBADO: Mr. Penn.

15 DAVID PENN: Yes.

16 MR. NELSON AGBADO: Mr. Sewell.

17 RICHARD SEWELL: Yes.

18 MR. NELSON AGBADO: Chairwoman Olson.

19 CHAIRWOMAN OLSON: Yes.

20 MR. NELSON AGBADO: Seven votes in the

21 positive, two absent, no negative.

22 CHAIRWOMAN OLSON: The motion passes,

23 thank you.

24 MR. CHRIS WILLIAMSON: Thank you.

25 CHAIRWOMAN OLSON: Next we have 13-007,

1 Preferred Surgicenter in Orland Park. These are
2 applicants subsequent to Intent to Deny.

3 Would you introduce yourselves to the
4 reporter and spell your names?

5 MR. JOSEPH HYLAK-REINHOLTZ: Joseph
6 Hylak-Reinholtz, H-Y-L-A-K, hyphen,
7 R-E-I-N-H-O-L-T-Z, of Holland and Knight, legal
8 counsel for the applicant.

9 DR. NASER RUSTOM: Naser Rustom,
10 N-A-S-E-R, Rustom, R-U-S-T-O-M.

11 MR. JEFFREY MARK: Jeffrey Mark,
12 M-A-R-K, with JSMA, LLC.

13 MS. ROBYN FINA: Robyn Fina, R-O-B-Y-N,
14 F-I-N-A.

15 (All were sworn.)

16 CHAIRWOMAN OLSON: George.

17 MR. GEORGE ROATE: Thank you, Madam
18 Chair. The applicant is proposing to establish a
19 multispecialty ambulatory surgical treatment center
20 in Orland Park. The anticipated cost of the project
21 is \$3.8 million. Board staff notes the project was
22 given an Intent to Deny at the May 14th, 2013, board
23 meeting. The applicants did submit additional
24 information on July 12th, 2013, in response to this
25 Intent to Deny. The applicant is now proposing six

1 surgical specialties, that being gastroenterology,
2 general surgery, pain management, orthopedics,
3 obstetrics and gynecology, and podiatry. The
4 applicant also reduced the number of surgical rooms
5 from five to four, which resulted in a reduced cost
6 of the project from \$5.5 to \$3.8 million. This is
7 an approximate 32 percent reduction from the
8 original cost, and the amount of gross square feet
9 has been reduced from 11,000 gross square feet to
10 8,800 gross square feet, which is a 20 percent
11 reduction.

12 Board staff lastly notes of the items
13 found, of the listed items on Page 1, that they were
14 not in compliance with, they're still noncompliant
15 with Numbers 3 and 4: Impact on other facilities,
16 and establishment of a new facility. Thank you,
17 Madam Chair.

18 CHAIRWOMAN OLSON: Thank you, George.
19 Comments for the Board?

20 DR. NASER RUSTOM: Good afternoon,
21 Chairperson Olson and members of the state board.
22 My name Naser Rustom, I'm the owner of Preferred
23 Surgicenter. It is my pleasure to be before you
24 again today to discuss our proposed ambulatory
25 surgical treatment center. We are asking for your

1 approval to establish a multispecialty surgery
2 center in Orland Park. While our surgery center
3 will serve all person and every person of every
4 race, gender, religion and country of national
5 origin, et cetera, we also like to focus on meeting
6 the special needs of our Muslim Americans.

7 This board first considered our proposal
8 at the May 14th board meeting. At that hearing we
9 attempted to explain why our surgery center is
10 needed. During discussion, many of you asked
11 thoughtful and important questions. We really
12 appreciate your input and the question you have
13 presented. The CON review process has been an
14 invaluable learning experience for us. Please know
15 that we took your comments and questions very
16 seriously, and we have addressed many of, many of
17 your concerns. During the past few month we also
18 had the opportunity to meet with groups and
19 organization that serve our Muslim Americans. We
20 also spoke directly with our Muslim people who live
21 in our proposed geographic service area and learn
22 more about their specific health care need. Needs.
23 Like this board, the group and organization asked us
24 tough but important question about our project.
25 They also offerered us an excellent advices on how to

1 improve our proposal to better serve our community.
2 Based on these discussions, we decided to modify our
3 CON permit application to address your previous
4 questions and to better address the concerns and the
5 needs of the Muslim American communities.

6 My legal counsel, Joe Hylak-Reinholtz,
7 will now briefly discuss the changes and the
8 decisions that we made in our CON permit
9 application.

10 MR. JOSEPH HYLAK-REINHOLTZ: Thank you,
11 Doctor. I am Joe Hylak-Reinholtz, Counsel for the
12 applicant. Before I move on to my comments, I just
13 would like to note in the state board staff report
14 there was still a project completion date of July
15 1st, 2014. If this board approves the application
16 today, we would be requesting a revised project
17 completion date which was in our modification of
18 January 1st, 2016.

19 As Dr. Rustom stated, we carefully
20 considered the questions and concerns previously
21 raised by this board and from several groups and
22 organizations that serve Arab and Muslim Americans.
23 Based on this input, the applicant decided to modify
24 the original permit application. The modified
25 application is here before you today. These changes

1 make the application significantly more compliant
2 with your review criterion.

3 For the sake of brevity, I will briefly
4 highlight the most significant changes. Number one,
5 we removed all references to Sharia Law from the
6 application. Next, the applicant added three
7 surgical specialties to the proposed center, which
8 would be orthopedics, podiatry and OB/GYN services.
9 The applicant's proposal has generated a lot of
10 interest in the community, and there have been more
11 and more physicians who want to be involved with
12 this project if it's approved. The most important
13 addition has been Dr. Rustom securing a relationship
14 with a female physician who's an OB/GYN specialist.
15 This is often stated as the number one concern of
16 Muslim American females of being able to obtain
17 health care services from a same gendered physician
18 in this category of service.

19 The modification also reduces the number
20 of OR's from five down four. We are downsizing the
21 project for a few reasons. One, this board stated a
22 concern about the impact on the facilities. We
23 believe a smaller facility will have a lesser impact
24 on the community, if any. It also removes a
25 negative finding from the State Agency Report that

1 there was a reliance on nonqualified referrals. All
2 of our project is now entirely based on physician
3 referrals that are approved by this board.

4 Some of the comments also addressed the
5 concerns raised by ex-officio member Dave Carvalho
6 about physician referrals not achieving the numbers
7 that are stated in a state board report or in a
8 state board application. We actually have enough
9 qualified physician referrals to request over five
10 OR's, yet we are still sticking with four to
11 maintain a reasonable, smaller sized facility. The
12 modification also reduced the project cost from 5.5
13 down to 3.7 million generally. The applicant also
14 provided a revised financial commitment letter from
15 his bank, which also removed negative finding.

16 The applicant also recertified his
17 commitment to providing charity care at the proposed
18 ambulatory surgical treatment center. Provision of
19 charity care is a basic tenet of the Muslim faith,
20 and the applicant fully intends to honor his
21 commitment to providing a significant amount of
22 charity care at the proposed center. Approximately
23 4 percent of the cases that we're anticipating by
24 year three will be charity care patients. This is
25 18 times the state average of all surgery centers,

1 which is just 0.22 percent of their patient mix.
2 Moreover, the ASTC's referring physicians are also
3 being asked to agree and have agreed to providing
4 charity care at the center. This is in my
5 understanding a very rare commitment for physicians
6 to be making at a surgery center in Illinois.

7 To demonstrate the offer is serious, he
8 is also today willing to commit to this board on the
9 record that we will come back before you and report
10 on our charity care progress and the numbers we are
11 making and the patients we are serving if you would
12 grant us a permit.

13 All in all, the, we heard your concerns
14 and we responded to those that were raised at the
15 May 14th meeting. We've taken away five of the
16 seven negative findings that were issued in the
17 original state board staff report.

18 The last two findings relate to need and
19 impact of existing facilities. We tried to do the
20 best we could to address those concerns that were
21 also raised by the Board at the last hearing. For
22 example, Member Sewell at the last meeting raised
23 concerns of proposed ASTC might have an adverse
24 impact on providers. We were never able to mention
25 that of the surgery centers and hospitals that are

1 in our district, there are 89, only seven of those
2 actually oppose this project. And our revised
3 application, only two of those resubmitted letters
4 of opposition to the project. We would concur, we
5 would argue that that is a very small percentage now
6 of the existing centers in our district that are, in
7 our GSA that are opposed to this project.

8 And then finally, there's one more
9 criteria that Jeff Mark, our CON consultant, will
10 speak a little bit further about, and this is
11 related to 1540(f). This is the center to be
12 approved needs to show that it will enhance access
13 to care for patients in the district. We have 100
14 letters of support that have been filed with this
15 board, you've seen 100 letters of support over that
16 talk about how this project will enhance access to
17 care. Robyn Fina will discuss the letters of
18 support that came in, and Jeff Mark will confer the
19 1540 F.

20 MR. JEFFREY MARK: Madam Chair, Members
21 of the Board, first I want to thank you for this
22 opportunity to appear before you today. I'm Jeff
23 Mark, I'm a CON project consultant, and I'm speaking
24 to you today regarding the staff's finding of need
25 specifically addressing your Rule 1110.1540(f).

1 That states: Quote, any applicant proposing to
2 establish an ambulatory surgical treatment center
3 will be approved only if one of the following
4 conditions is met.

5 The rule goes to say that one of these
6 conditions in subsection F3 is that quote: The
7 applicant can document that the facility is
8 necessary to improve access to care; and goes on to
9 say that the facility would quote: Will be
10 providing services which are not currently available
11 in the geographic service area.

12 This application addresses this
13 subsection or option. It has documented that, one,
14 Arab and Muslim Americans frequently report that
15 they are not able to access health care services due
16 to the lack of responsiveness to their cultural
17 values, religious beliefs and language needs. This
18 lack of access results in health care disparities
19 for these populations.

20 Two, the proposed facility will provide
21 services and practices that are competent and
22 responsive to the cultural values and religious
23 tenets of the Arab and Muslim Americans, thereby
24 improving access and reducing health care
25 disparities. By providing culturally competent

1 practitioners and practices and appropriately
2 sensitive to the needs of these populations,
3 Preferred Surgicenter will provide services which do
4 not exist anywhere else in this GSA. Preferred
5 Surgicenter will welcome and treat persons of all
6 races, ethnicities and religions; however, it is
7 being established to address the unmet needs of the
8 Arab and Muslim American population.

9 Dr. Burden pointed out, Dr. Burden
10 pointed out in your May board meeting that there are
11 500,000 Muslim Americans in the Greater Chicagoland
12 area, and this is a very fast growing minority
13 within the United States. Within the GSA proposed
14 in this application, the applicant has a very large
15 concentration of this population. Documented in
16 this application submission, the Muslim American
17 community is identified as a minority group
18 experiencing health care disparities in this
19 country, in this state, and in the proposed GSA.
20 The causes of these disparities are primarily
21 identified as, one, health care providers lack of
22 knowledge of and insensitivity to the cultural and
23 religious values of Arab and Muslim Americans. Two,
24 not having persons available who are fluent in
25 appropriate languages such as Arabic. Three, a

1 feeling of unwelcomeness in some facilities, which
2 may be caused by acts of discrimination, or staff
3 simply not being educated in the needs of Arab
4 Muslim American patients.

5 The bottom line is that existing
6 providers often lack the basic practices to be
7 responsive to the cultural values and religious
8 tenets of these populations. This contributes to
9 health care access problems and resulting health
10 care disparities. In Dr. Padela's study included in
11 the application, he records that Muslim American
12 patients often state that they are either fearful or
13 hesitant to seek care in the general health care
14 system. If they have had a health care encounter,
15 they often report that it was a bad experience which
16 results in either being hesitant to seek -- in
17 either being hesitant to seek follow-up care or
18 additional services.

19 On June 30th of this year, Governor
20 Quinn's Muslim American Advisory Council issued its
21 first report. In it it cited that access to
22 affordable health care is a problem within the
23 Illinois Muslim American community. It also cited
24 that on the issue of uninsured and underinsured is
25 also a significant issue within that community. The

1 third item that the report cited is the importance
2 of bilingual services within the health care
3 services for the community.

4 I wish to note that the Preferred
5 SurgiCenter application addresses these findings of
6 the council's report. If -- the surgicenter will
7 also follow the recommendations within the
8 literature provided within the application.

9 At the last meeting, Justice Greiman and
10 others on the Board requested an explanation as to
11 what is actually meant by culturally sensitive
12 health care. And to a large extent, looking at what
13 is provided, these are very basic, straight forward
14 services, practices, and protocols on part of the
15 facility. And among these to be provided by the
16 Preferred Surgicenter are, one, education.
17 Education of all staff, including physicians, in the
18 cultural customs and religious values affecting the
19 provision of health care for these populations.
20 Two, the availability at all times of staff who are
21 fluent in Arabic. Three, the option to obtain
22 services from same gender physician and staff.
23 Four, assuring the provision for personal modesty
24 and accommodation of privacy that is understood by
25 staff and is met for all patients. Five, ensuring

1 that there is adequate space available for those who
2 wish to meet their daily prayer obligations. Six,
3 providing accommodation as requested for ritual
4 cleansing; and finally, providing health education
5 and community outreach with concert -- in concert
6 with community service and religious organizations.

7 The applicant also has stated, as Joe
8 mentioned, a commitment to this board to establish a
9 robust charity care program that includes the
10 facility and the commitment of practicing surgeons
11 to participate. The facility will also apply for
12 Medicaid certification.

13 In summary, the applicant has
14 demonstrated that, one, the proposed surgery center
15 is necessary and will improve access to care by
16 being responsive to basic cultural religious and
17 access needs. Two, that by its robust charity care
18 program, including a commitment of participation by
19 surgeons, the facility provide financial access to
20 care; and three, that not one of the 89 other
21 identified providers, not one of the other 89 other
22 providers in the GSA offers the accommodation being
23 proposed by this applicant, nor have any of these,
24 to our knowledge, have suggested a willingness to do
25 so. With the Board's approval, Preferred

1 Surgicenter will establish a unique facility in
2 Illinois, and it may well serve as a prototype for
3 facilities elsewhere.

4 With that, I thank you for your time,
5 and I'll turn the floor over to Ms. Fina.

6 MS. ROBYN FINA: Good afternoon. My
7 name is Robyn Fina. I will be the surgery center's
8 manager. Thank you for allowing us to appear before
9 you this afternoon. It's been a long day for
10 everyone, so I will keep my comments brief. While
11 the supplemental staff report noted the number and
12 content of opposition letters to this application,
13 it did not fully cite the significant number of
14 written support letters that this project has
15 received. I would like the chairperson and members
16 to be aware that this board received more than 120
17 letters of support for this project from grass root
18 Arab and Muslim American organizations, community
19 leaders, and government officials. For example,
20 this board received a support letter from Soher
21 Omar, a co-chairperson of Governor Quinn's Muslim
22 American Advisory Council. In her support letter
23 Co-person Omar gave her full support for our
24 project. She also explained how our proposal is
25 closely aligned with one of the Council's primary

1 directives. Specifically, Governor Quinn's Council
2 has been directed to support projects that expand
3 access to affordable health care for Muslim
4 Americans.

5 Our proposal does exactly that. We are
6 proposing to establish a health care facility that
7 is truly unique. We will meet the cultural and
8 religious needs of Arab and Muslim Americans, hire
9 or contract with physicians and staff who are
10 bilingual and active participants in the Medicaid
11 program, develop a generous charity care program,
12 and have female surgeons to provide gender sensitive
13 services to our female patients. All of these
14 commitments are consistent with the Council's goal
15 of expanding access of affordable health care
16 services for Muslim Americans.

17 In addition to Co-chairperson Omar, two
18 additional members of the Governor's Council
19 provided written letters of support, each citing the
20 Council's goal of expanding access to affordable
21 health care to Muslim Americans. This board also
22 received letters of support from government
23 officials who represent constituents that will be
24 served by the proposed ASTC. For example, State
25 Senator Christine Radogno, the state Republican

1 leader, provided a support letter. Senator Radogno
2 was a primary sponsor of the bill that created the
3 Harel Food Act. She remains specifically involved
4 with the Muslim American community in the southwest
5 suburbs, and has a great understanding of the health
6 care needs of Muslim Americans. State Senator Troy
7 Hutchison, a long-time advocate of women's issues,
8 also submitted a letter of support. The senator
9 stated her concern that Muslim American women are
10 not presently able to obtain health care services
11 that take into account their cultural values and
12 religious beliefs. State Representative Michael
13 Zalewski also recognized that this ASTC will address
14 specific unmet health care needs. We also have the
15 support of the Illinois Department of Human
16 Services. State agencies rarely support letters for
17 pending CON projects, yet in our case DHS wrote a
18 letter of support that recognizes how our surgery
19 center will be an important resource for the
20 community, because it will be providing culturally
21 and linguistically competent health care to address
22 the needs of Arab and Muslim Americans. We also
23 received a letter of support from Dr. Aasim Padela.
24 You may recall that we submitted two reports with
25 our CON application. Dr. Padela was the coauthor of

1 the report published by the Institute for Social
2 Policy and Understanding. In his report Dr. Padela
3 explains that failing to provide health care
4 services to Muslim American patients in a manner
5 that understands and respects their culture and
6 beliefs often leads to increased health disparities.
7 Dr. Padela, who is now the director on the
8 initiative of Islam and medicine at the University
9 of Chicago has given his full support for our
10 project. Dr. Padela concluded, and I quote:
11 Proposed surgery center will enhance access to
12 health care services in Orland Park, Illinois, and
13 many of its surrounding communities. This board
14 also received a letter from a Syrian American
15 Medical Society Midwest Chapter. SAMS is an
16 organization that has hundreds of doctors, many of
17 whom are practicing in and serving patients from our
18 proposed GSA. Dr. Peter Sporn of Northwestern
19 University of School of Medicine also provided a
20 letter of support. Dr. Sporn has been a practicing
21 physician for over 17 years, and he concludes that
22 our ASTC will address critical unmet needs in the
23 southwest suburbs. Some other notable supporters of
24 the project include Arab American Action Network,
25 the Humanitarian Relief Foundation, the Palestenian

1 American Youth League, the American Arabian League
2 Society, Illinois Human Relations Council, and the
3 Prayer Center of Orland Park. These are just a few
4 of the support letters. There are many others that
5 I cannot highlight due to time.

6 In total, this board received almost 130
7 support letters from grass roots organizations and
8 prominent community leaders in our GSA. I would
9 like to briefly mention those community members in
10 the crowd who drove down to Springfield today to
11 show their support. These letters and our
12 supporters here in person today show why we are here
13 asking for a CON permit. All of these individuals
14 and organizations have told us of their need to have
15 access to health care services that are sensitive to
16 the cultural values and religious beliefs held by
17 Arab and Muslim Americans. We believe that the
18 depth and breadth of these support comments provide
19 ample evidence of need for our proposed ASTC and the
20 unique resources it will offer to the communities we
21 will serve.

22 For the reasons mentioned here today, we
23 believe there is a fair need for our proposed
24 surgery center. I urge each of you to vote yes and
25 grant Preferred Surgery Center's CON permit.

1 Please, give us the opportunity to make a difference
2 in the community we hope to serve.

3 At this time we would be more than happy
4 to answer any questions that you may have. Thank
5 you.

6 CHAIRWOMAN OLSON: Questions from the
7 Board?

8 RICHARD SEWELL: Yeah, I want to commend
9 the applicant for I think an extraordinary response
10 to some of the comments that you heard when you were
11 last here. This reduction in costs and in square
12 footage, very impressive.

13 I wanted to know if there had ever been
14 a movement in the Arab and Islamic community to
15 approach some of the ambulatory surgery treatment
16 center providers with specifics like you've
17 presented to us on how they could make their
18 services more sensitive to the needs of the
19 community. I'm hearing these numbers like, you
20 know, half a million in the area, concentration of
21 Arab and Islamic people in the southwest suburbs,
22 and just based on old style American capitalism,
23 seems like there would be a positive response to
24 maybe making changes in some of these existing
25 sites. And had you ever thought about, you know,

1 the risk of sort of segregating this population
2 where, you know, they're just expected to go to
3 Preferred because they have all the things you need.
4 Doesn't that let the others off the hook in terms of
5 making changes in response to the population?

6 MR. JEFFREY MARK: Well, that's a great
7 question. For starters, there has not been any
8 interest that we've seen yet from existing health
9 care, existing hospitals or surgery centers in the
10 district in the proposed geographic service area to
11 do this. We really think we're going to get a
12 movement started, though, in the area, and the
13 reason I say that, there's been a lot of the
14 interest that's been generated about this project
15 since May 14th. I recently met with Access, the
16 largest federally qualified health center in not
17 only Illinois, but the nation. If we are approved
18 we will be meeting with them to coordinate
19 activities of community education and moving forth
20 not just with our surgery center, but seeing what we
21 can do and how we can partner with that agency going
22 forward. So we're hoping we really are the pioneers
23 here and the trend setters that will help spread the
24 word and make a, at least starting with the
25 southwest suburbs of Chicago and moving into a city

1 that's much more responsive to the needs. I hope
2 we're not the only one down the road, but at this
3 point we are the only one that's looking to do this.
4 We really hope that we can set a trend here.

5 CHAIRWOMAN OLSON: I have to agree with
6 Mr. Sewell, I think I would encourage you to
7 continue on that path, because we, we do a
8 disservice to Muslim Arab Americans anywhere else in
9 the country if we don't force the existing
10 facilities to be culturally sensitive. And I agree
11 that you've done well with addressing our concerns
12 here, but I don't want you to ever stop pursuing it
13 and forcing other providers to provide the same kind
14 of cultural sensitivity.

15 MR. JEFFREY MARK: Well, like our
16 conversation with Access, we've had similar
17 conversation with all the organizations that
18 provided support letters, I would think we have a
19 really good thing going here, and I can't see us
20 stopping with just Access, we're really going to try
21 and build relationship with all the other
22 organizations, as well.

23 CHAIRWOMAN OLSON: Are there other
24 questions? Senator?

25 SENATOR DEMUZIO: I just want to ask one

1 quick question. Any idea what your estimated
2 population is of your Arab and Muslim Americans in
3 the, in your service area?

4 MR. JEFFREY MARK: I can give you some
5 quick population stats. According to the US Census
6 Bureau, the Arab American community grew 41 percent
7 between 2000 and 2008. It's actually tripled since
8 1980, this is in Illinois, as well. In Illinois
9 Muslims make up about 2.8 percent of our population.
10 According to the 2010 census, there was 12,830,632
11 Illinois residents. Of that, 2.8 are identified as
12 Muslim American. That equates to about 359,000,
13 360,000 people who identify as being Muslim. Which
14 is not quite the same thing is being Arabic, because
15 256,395 identify themselves as being Arabic, which
16 is a typically underreported category because of the
17 number of those report as Caucasian on the census
18 form. So we anticipate that we'll actually be a
19 little bit higher than 2.8 percent in our district
20 for Muslim Americans because we have concentration
21 of the population segments within our zip codes.

22 SENATOR DEMUZIO: That's what I was,
23 that's what I was wondering. And I do want to thank
24 your guests for coming down today and being a part
25 of, of the hearing here, and we wish you well.

1 CHAIRWOMAN OLSON: Do you have any
2 questions? I actually want, I have a question about
3 your charity care. You're anticipating 4 percent of
4 your total care at some point will be charity care,
5 which I would agree is at least 18 times the state
6 average, because there are no ASTC's who take
7 Medicaid, very few, but I'm interested in your
8 statement that your, the medical doctors that use
9 your facility are going to be asked to take charity
10 care, you mean in their private practices, as well,
11 if they wish to use the surgery center, or is it
12 just when they come to the surgery center they will
13 take charity?

14 MR. JEFFREY MARK: Madam Chair, the
15 charity care reported in our utilization report is a
16 charity care facility, and what we're suggesting
17 here is that this facility is going to focus on
18 that, go beyond that and suggest that not only will
19 the facility provide the charity care, but as a
20 matter of policy, the facility will work with its
21 surgeons to get them to commit as their practices to
22 provide that charity care, as well.

23 MR. JOSEPH HYLAK-REINHOLTZ: And you
24 heard that earlier today when Dr. Rahman, one of our
25 large referral sources, was making that commitment.

1 CHAIRWOMAN OLSON: Right.

2 MR. JEFFREY MARK: And as far as I know,
3 that's a very very unique thing that's heard before
4 this board, if ever.

5 CHAIRWOMAN OLSON: And that charity
6 access would be open to anybody who wishes to access
7 it.

8 MR. JOSEPH HYLAK-REINHOLTZ: That's
9 correct.

10 DAVID CARVALHO: This is Carvalho here.
11 Because you discussed charity care a lot, it's
12 probably hard to keep track, I should add to what
13 Mr. Mark said, there are no state obligations for a
14 surgical center to provide charity care.

15 CHAIRWOMAN OLSON: Right.

16 DAVID CARVALHO: So although we collect
17 the data and we present it for all the different
18 types of facilities, it usually is kind of apples to
19 oranges to look at what surgery centers are doing
20 versus hospitals, because hospitals do have an
21 obligation under EMTALA to see people, and many of
22 them turn into charity care cases. So any charity
23 care offered by an ASTC is above and beyond any
24 obligation they have by law, so I agree with what
25 Mr. Mark said, that a commitment to 4 or an

1 expectation of 4 is quite unusual in this context.

2 CHAIRWOMAN OLSON: Thank you. Anybody
3 else? Okay, may I have a motion to approve Project
4 13-007, Preferred SurgiCenter Orland, to establish a
5 multispecialty ambulatory surgery treatment center.

6 SENATOR DEMUZIO: Motion.

7 DAVID PENN: Second.

8 MR. NELSON AGBADO: Motion made by
9 Senator Demuzio, second by Mr. Penn. Mr. Bradley.

10 PHILIP BRADLEY: I opposed this the last
11 time. Since then they have obviously greatly
12 improved their proposal, and their presentation. I
13 think it's a very persuasive and important project
14 at this point. The only major nonconformance is
15 with the impact on other facilities, and I think
16 they trumped that with their argument about access
17 for any population, and I'm happy to vote yes.

18 MR. NELSON AGBADO: Thank you.

19 Dr. Burden. Absent. Senator Demuzio.

20 SENATOR DEMUZIO: Yes.

21 MR. NELSON AGBADO: Justice Greiman.

22 JUSTICE ALAN GREIMAN: Yes.

23 MR. NELSON AGBADO: Mr. Hayes.

24 VICE-CHAIRMAN HAYES: Yes.

25 MR. NELSON AGBADO: Thank you. Mr.

1 Penn.

2 DAVID PENN: Yes.

3 MR. NELSON AGBADO: Mr. Sewell.

4 RICHARD SEWELL: No. In spite of all of
5 the efforts, the application still doesn't meet our
6 rules, and I think there's an alternative way to
7 achieve the same end using the power of the advocacy
8 and the large population of Arab and Muslim
9 Americans. So I vote no.

10 MR. NELSON AGBADO: Thank you. Madam
11 Chair Olson.

12 CHAIRWOMAN OLSON: I vote yes, but my
13 yes vote is because of the charity care that you
14 will be offering and the fact that you will have
15 medical doctors who will also provide that charity
16 care at the facility. And we will kind of want to
17 monitor that, because I think that's unique, and we
18 appreciate your attempts to do that.

19 MR. NELSON AGBADO: That's six votes in
20 the positive, one in negative, two absent.

21 CHAIRWOMAN OLSON: The motion passes,
22 congratulations.

23 MR. JOSEPH HYLAK-REINHOLTZ: Members of
24 the Board, I want to say thank you, and in Arabic
25 shukran so thank you, we appreciate your support.

1 CHAIRWOMAN OLSON: Okay, moving along,
2 other business, there's none. The Rules
3 Development. Claire?

4 MS. CLAIRE BURMAN: All right. I'll try
5 and make this brief. I'm going to be reviewing
6 responses, proposed responses to public comment that
7 were received for the latest rule making for part
8 1130, the Board's procedural rules.

9 Okay, there was a public hearing that
10 was conducted, no commentators were in attendance.
11 We received one letter of public comment from
12 Illinois Hospital Association. The first comment
13 was concerning Section 1130.990, and that's the
14 Procedure for Public Hearing. It's proposed in our
15 amendments that a public hearing for proposed rules
16 would be held if we received a request for a hearing
17 within a ten-day period following the initial
18 publication of the rules. IHA requested that the
19 timeframe be changed from 10 days 15 days, and since
20 this really doesn't have any negative bearing on the
21 rule making process, it's proposed that we make that
22 change. So that's, that's one change.

23 The second section I think commented on
24 was Section 1130.1080, Disqualification of
25 Administrative Law Judge, or ALJ. The, the revised

1 act mandates that the ALJ be appointed by the Board
2 Chair, and if there were a case where an ALJ was
3 determined to be disqualified, it would also be the
4 Board Chair that would appoint the replacement.
5 However, IHA feels that places too much authority in
6 one body, they would prefer the replacement of ALJ
7 be appointed by the IDPH director, and this, this
8 really doesn't follow suit, the existing language
9 has the appointment of the initial ALJ to be held by
10 the department director and/or replace the people by
11 the department director. So one way of looking at
12 it is that if it is the Board Chair that appoints
13 the ALJ to begin with, that that replacement should
14 also be appointed by the Board Chair. And this is
15 very similar to how this is handled in other state
16 agencies and boards and commissions, and these are,
17 some of these are outlined in the document that was
18 circulated. And that's all that there was.

19 CHAIRWOMAN OLSON: Thank you, Claire.
20 Do we need a recommendation or --

21 MS. CLAIRE BURMAN: A vote would be
22 helpful.

23 CHAIRWOMAN OLSON: Okay, so you're
24 asking for a vote to accept the public hearing
25 request in 15 days, to approve that, but to not

1 approve the other suggestion of the --

2 MS. CLAIRE BURMAN: Well, it could be
3 just one motion to approve the proposed responses to
4 public comment.

5 CHAIRWOMAN OLSON: All right, thank you.
6 May I have a motion to approve the proposed
7 responses to the written public comment?

8 RICHARD SEWELL: So moved.

9 VICE-CHAIRMAN HAYES: Second.

10 PHILIP BRADLEY: What's the proposed
11 response to the appointment issue?

12 CHAIRWOMAN OLSON: It's the letter
13 that --

14 MS. CLAIRE BURMAN: We don't, we don't
15 agree.

16 DAVID CARVALHO: The letter, I think IHA
17 must have voted with the fact that the statute was
18 changed, and so you're changing your rules to
19 conform with the change in the statute. They liked
20 the way the rules were, but I think they missed the
21 fact that the statute changes.

22 CHAIRWOMAN OLSON: Does that answer your
23 question, Mr. Bradley?

24 PHILIP BRADLEY: Yes.

25 CHAIRWOMAN OLSON: So may I have a

1 motion?

2 PHILIP BRADLEY: So moved.

3 CHAIRWOMAN OLSON: Oh, I'm sorry, we had
4 a motion.

5 RICHARD SEWELL: Second.

6 MR. NELSON AGBADO: Okay, motion made by
7 Mr. Bradley, seconded by Mr. Sewell. Mr. Bradley.

8 PHILIP BRADLEY: Yes.

9 MR. NELSON AGBADO: Dr. Burden. Absent.
10 Senator Demuzio.

11 SENATOR DEMUZIO: Yes.

12 MR. NELSON AGBADO: Thank you. Mr.
13 Greiman. Okay, he's absent, right. Mr. Hayes.

14 VICE-CHAIRMAN HAYES: Yes.

15 MR. NELSON AGBADO: Thank you. Mr.
16 Penn.

17 DAVID PENN: Yes.

18 MR. NELSON AGBADO: Mr. Sewell.

19 RICHARD SEWELL: Yes.

20 MR. NELSON AGBADO: Madam Chair Olson.

21 CHAIRWOMAN OLSON: Yes. The motion
22 passes. Thank you, Claire. Old business we have
23 none.

24 DAVID PENN: Wait, I have a question.
25 Claire, we, for about a year we've been asking to

1 review this rule about getting the financing first
2 until it cover the goal, and also if we have staff,
3 it's vying for the same space to have, you know,
4 their services offered back to the community where
5 we can hear both applicants before we would vote on
6 the final provider. Where are we with those.

7 MS. CLAIRE BURMAN: We're still in the
8 development stages.

9 DAVID PENN: I was actually told by
10 someone at the last board meeting that at one time
11 this board had the ability to hear both applications
12 prior to vote, vote of the Board. So the
13 development go back to review what was done
14 previously? I'm just trying to bring some fairness
15 to the applicants and --

16 MS. CLAIRE BURMAN: Right, right, no, I
17 understand. I don't have a copy of rules that go
18 back that far, I would have to dig a little bit.

19 DAVID PENN: Well, with --

20 MS. CLAIRE BURMAN: In the archives.

21 DAVID PENN: I know I'm talking prior,
22 but as the applicants come forward with their
23 investment in these applications and time and so on
24 and so forth, it's who gets the ball down the hill
25 first may not always be, I don't know, may not be

1 the best applicant till we get a chance to hear
2 everybody's proposals. So I'd like to, you know,
3 continue to research that and find out what we can
4 do as a board.

5 MS. CLAIRE BURMAN: All right, yes.

6 MS. COURTNEY AVERY: Mr. Penn, we have
7 them looking at it, and Claire and I think Mike have
8 gathered a lot of research on comparative review and
9 looking at how to develop rules for it. But just
10 have not found something that's suitable in
11 accordance with our statute yet. So we'll have to
12 look at what other states are doing, get feedback
13 from probably some of the CON consultants and
14 applicants.

15 DAVID PENN: Well, if there was a rule,
16 a process at one time.

17 MS. COURTNEY AVERY: I'm not sure, we'll
18 have to look for it.

19 DAVID CARVALHO: No, there was. You're
20 absolutely correct, there was. Some years back.

21 DAVID PENN: Well, you don't have to
22 recreate the rule, just go back and revisit it.

23 MS. COURTNEY AVERY: I just wasn't aware
24 that we had it and how many years ago that was and
25 be able to find it, but we'll look for it.

1 CHAIRWOMAN OLSON: Okay, there's no old
2 business to come before the meeting. New business.
3 You were just handed the financial reports. If you
4 have any questions, you can email the staff or
5 executive director to have your questions answered.
6 Alexis, do you have a legislative update.

7 MS. ALEXIS KENDRICK: On Friday we're
8 planning to meet with the Governor's office to
9 discuss our legislative proposals. Once we get the
10 feedback from the Governor's office, we will let you
11 know our plans.

12 CHAIRWOMAN OLSON: So that's your last
13 day.

14 MS. ALEXIS KENDRICK: That's my last
15 day. I'm working till the last day.

16 CHAIRWOMAN OLSON: Okay. We're passing
17 out a blank form of the 2014 meeting places, you
18 have the dates. Okay, so we need to vote on the
19 dates and the city that it's going to be in.

20 MS. COURTNEY AVERY: This is a
21 recommendation.

22 CHAIRWOMAN OLSON: I have a
23 recommends -- help me. The recommendation is the
24 January meeting be in Bolingbrook, the March meeting
25 be in Bloomington, the April meeting be in

1 Bolingbrook, the June meeting be in Springfield --

2 am I going too fast?

3 DAVID PENN: No.

4 CHAIRWOMAN OLSON: The July meeting be
5 in Chicago, the August meeting be in Bloomington,
6 the October meeting be in either Rochelle or DeKalb,
7 working on that one. And the November and December
8 meetings in Bolingbrook.

9 Can I have some discussion or feedback,
10 or if we could -- because the staff needs to start
11 securing the locations.

12 DAVID PENN: Are we locked into this
13 facility for Springfield.

14 MS. COURTNEY AVERY: No. We're not.

15 DAVID PENN: Okay. And just for the
16 record, I'm -- we're talking about Normal, Illinois.

17 CHAIRWOMAN OLSON: Oh, yes, you're
18 right, it is Normal.

19 MS. COURTNEY AVERY: Normal, sorry.

20 DAVID PENN: Because the city counsel
21 people being here.

22 CHAIRWOMAN OLSON: Sorry, guys. Sorry,
23 Sonja.

24 MS. COURTNEY AVERY: Bloomington/Normal.

25 DAVID PENN: Sonja says it's

1 Bloomington/Normal.

2 CHAIRWOMAN OLSON: That's all right, and
3 she's right. Other feedback.

4 DAVID PENN: When you say Chicago, we
5 talking about downtown Chicago.

6 MS. COURTNEY AVERY: Yeah, I know a lot
7 of members have expressed that they would like to be
8 in the city at some point. I will do due diligence
9 to try and find a place at a reasonable cost. One
10 of the issues with the hotels is that there's
11 usually a banquet charge where they want at least a
12 minimum of 10 to \$15,000 in food.

13 CHAIRWOMAN OLSON: Well, let's eat.

14 MS. COURTNEY AVERY: So I will continue
15 looking and try and find a suitable facility.

16 RICHARD SEWELL: That's US dollars.

17 MS. COURTNEY AVERY: US dollars. So I
18 will look and try to find a suitable facility that
19 does not have the food banquet cost attached to it.

20 CHAIRWOMAN OLSON: John?

21 VICE-CHAIRMAN HAYES: The only thing I
22 wanted to mention was the, the date here, and if you
23 could address that, is that on that next December
24 it's going to be between Christmas and New Year's.
25 That's something different than in the past, but I

1 was just wondering is that, could we address that?

2 CHAIRWOMAN OLSON: That's actually a
3 good point.

4 MS. COURTNEY AVERY: We will try to look
5 at it in accordance with the statute of limitations,
6 but we can change it.

7 CHAIRWOMAN OLSON: It has to be a
8 minimum of 45 days?

9 MS. COURTNEY AVERY: We can do early
10 December.

11 CHAIRWOMAN OLSON: So then you've got a
12 meeting --

13 MS. COURTNEY AVERY: Like that week of
14 the -- couple weeks before that.

15 CHAIRWOMAN OLSON: What if you moved the
16 November one to later and then made it a two-day
17 meeting.

18 VICE-CHAIRMAN HAYES: That would be two
19 long between meetings.

20 MS. COURTNEY AVERY: How about in
21 December 7th, Tuesday, couple weeks before that that
22 Tuesday before Christmas.

23 CHAIRWOMAN OLSON: Christmas is on --

24 MS. COURTNEY AVERY: Which is on the
25 16th, December the 16th. Bonnie, does that? That's

1 a month. George? Do you think that's reasonable?

2 MR. GEORGE ROATE: A month.

3 MS. COURTNEY AVERY: That's a month.

4 MR. GEORGE ROATE: Be close, but we
5 could do it.

6 DAVID PENN: What are the chances of
7 having the meeting in December in downtown Chicago,
8 as well.

9 MS. COURTNEY AVERY: It's really really
10 expensive, it almost doubles around that time.

11 MS. BONNIE HILLS: Yes, it does.

12 DAVID PENN: I'd like to have at least
13 two meetings in Chicago, at least two in Chicago.
14 Four in Normal. Can we get two in Chicago? I would
15 like that.

16 CHAIRWOMAN OLSON: Well, why don't we
17 let her see if she can secure a location in Chicago
18 that we can afford.

19 MS. COURTNEY AVERY: And then I can look
20 at the April date.

21 PHILIP BRADLEY: Have we ever met at the
22 hospitals?

23 MS. COURTNEY AVERY: Pardon me?

24 PHILIP BRADLEY: Have we ever met at
25 hospitals?

1 MS. COURTNEY AVERY: No, our counsel,
2 we -- no.

3 PHILIP BRADLEY: Is that something that
4 is not recommended?

5 RICHARD SEWELL: I think it's awkward.

6 DAVID CARVALHO: Because we have
7 jurisdiction over hospitals, sometimes it's not the
8 best place to meet.

9 MS. COURTNEY AVERY: So December the
10 16th, 2014?

11 CHAIRWOMAN OLSON: And then we made the
12 April meeting Bolingbrook/Chicago, see if we can
13 find -- other feedback?

14 Okay, so I'm going to ask for a motion
15 to approve the 2014 meetings and locations -- or
16 cities.

17 PHILIP BRADLEY: Could you slowly give
18 us the cities again.

19 CHAIRWOMAN OLSON: Sure. January is
20 Bolingbrook, March is Normal, April is either
21 Bolingbrook or Chicago, June is Springfield, July is
22 Chicago, August is Normal, October is Rochelle or
23 DeKalb if we can find a place. November is
24 Bolingbrook, and December 16th is Bolingbrook. So
25 I'm looking for a motion.

1 VICE-CHAIRMAN HAYES: So moved.

2 RICHARD SEWELL: Second.

3 CHAIRWOMAN OLSON: Do we want to voice
4 on this? All those in favor signify by -- yes,
5 Dave?

6 DAVID CARVALHO: Are you also moving the
7 meetings times to 9?

8 CHAIRWOMAN OLSON: Yes, I am requesting
9 that we move, unless somebody has like some really
10 horrible objection to that, but the feedback has
11 been pretty positive on moving the meeting times to
12 9. Okay. All those in favor?

13 (All in favor voted in the affirmative.)

14 CHAIRWOMAN OLSON: Opposed? Voice.

15 (None opposed.)

16 The motion passes, and we have adopted
17 the 2014 board meetings.

18 Long-term Care Advisory Subcommittee,
19 Courtney.

20 MS. COURTNEY AVERY: Okay, as you may be
21 aware, the subcommittee, there was a Public Act that
22 was passed, Public Act 97-0145 that a long-term
23 subcommittee shall evaluate and make recommendations
24 to the state board regarding the buying, selling and
25 exchange of beds between long-term care facilities,

1 which is within specified geographical or areas of
2 drive time, and it was effective August 21st of
3 2013. The Long-Term Care Subcommittee has
4 interviewed a group from UIC to respond to a, our
5 plea that was put out, so I wanted the permission
6 from the Board to go forth with establishing that
7 RFP.

8 VICE-CHAIRMAN HAYES: Could you say that
9 again?

10 MS. COURTNEY AVERY: There was an RFP
11 that was put out to help the Long-Term Care
12 Subcommittee with the evaluation of its bed sell and
13 exchange program. I can't remember which meeting I
14 advised you of we had sent out an RFP to all the
15 state universities, and UIC was the only one that
16 approved it -- or I mean responded it. So I wanted
17 to get permission from you all not to sign a
18 contract, but to start the negotiations on an RFP
19 going through the Department of Public Health CMS to
20 meet the guidelines and bring back a final one here
21 hopefully to the December meeting. I'll try for the
22 November meeting, but I don't think it will happen
23 for November.

24 VICE-CHAIRMAN HAYES: Now is the
25 Long-term Care Committee a permanent committee now.

1 MS. COURTNEY AVERY: Yes.

2 VICE-CHAIRMAN HAYES: Okay, and it was
3 part of the Act, is that --

4 MS. COURTNEY AVERY: Mm-hmm. It was one
5 of the recommendations from the task force and put
6 into I think Senate Bill 1905.

7 VICE-CHAIRMAN HAYES: Does any, any
8 board members, are they members of that on a regular
9 basis?

10 MS. COURTNEY AVERY: Dr. Burden was the
11 liaison from the Board to the Long-term Care
12 Subcommittee, and Chairwoman Olson is probably going
13 to reappoint that.

14 VICE-CHAIRMAN HAYES: Okay.

15 CHAIRWOMAN OLSON: I want to talk to
16 Dr. Burden and then assess his interest in
17 continuing in that appointment.

18 MS. COURTNEY AVERY: Are you interested?

19 VICE-CHAIRMAN HAYES: I don't know. I'm
20 just wondering about, you know, I just was wondering
21 where this stood, you know.

22 MS. COURTNEY AVERY: Yeah.

23 VICE-CHAIRMAN HAYES: And, you know,
24 basically who is the chairman of that right now?

25 MS. COURTNEY AVERY: Mr. Michael Waxman

1 from Lake County. Until recently he was the
2 chairman of the Lake County Health Department.

3 VICE-CHAIRMAN HAYES: Okay.

4 MS. COURTNEY AVERY: And he was
5 appointed the chairperson by past Chairman Galassie.

6 VICE-CHAIRMAN HAYES: Okay. And do
7 they, do they still have meetings, regular meetings?

8 MS. COURTNEY AVERY: Yeah, our next
9 meeting is in January.

10 VICE-CHAIRMAN HAYES: Oh, I see.

11 CHAIRWOMAN OLSON: I met with Michael
12 last week, and he did invite anybody from this board
13 who would like to attend their meetings, to attend,
14 and he did express that they would like a board
15 member to be actively involved, so that's what we're
16 looking for.

17 Other questions? Okay, may I have a
18 motion to approve the staff to move forth with the
19 Request For Proposal with the University of Illinois
20 in Chicago? Understanding that nothing will be
21 approved as far as a contract without coming back
22 before the Board. May I have a motion?

23 VICE-CHAIRMAN HAYES: So moved.

24 CHAIRWOMAN OLSON: And a second?

25 SENATOR DEMUZIO: Second.

1 MR. NELSON AGBADO: Motion made by
2 Mr. Hayes, seconded by Senator Demuzio.

3 DAVID PENN: Read that motion again.

4 CHAIRWOMAN OLSON: A motion to approve
5 the staff to move forward with the Request For
6 Proposal with the University of Illinois at Chicago,
7 understanding that before a contract is signed, the
8 contract would come back to this board for approval.

9 Do we need a voice vote or a roll call?

10 CHAIRWOMAN OLSON: All those in favor --

11 RICHARD SEWELL: Madam Chairwoman, I
12 just want the record to show that I'm abstaining on
13 this, Dr. Sassel and me are faculty colleagues at
14 UIC.

15 CHAIRWOMAN OLSON: Okay. Roll call
16 vote, please.

17 MR. NELSON AGBADO: Okay, thank you.
18 Mr. Bradley.

19 PHILIP BRADLEY: Yes.

20 MR. NELSON AGBADO: Dr. Burden. Absent.
21 Senator Demuzio.

22 SENATOR DEMUZIO: Yes.

23 MR. NELSON AGBADO: Judge Greiman.
24 Absent. Mr. Hayes.

25 VICE-CHAIRMAN HAYES: Yes.

1 MR. NELSON AGBADO: Mr. Penn.

2 DAVID PENN: Yes.

3 MR. NELSON AGBADO: Mr. Sewell.

4 RICHARD SEWELL: Abstain.

5 MR. NELSON AGBADO: Abstain, okay.

6 Madam Chair Olson.

7 CHAIRWOMAN OLSON: Yes.

8 MR. NELSON AGBADO: Thank you, that's
9 five votes in the positive.

10 CHAIRWOMAN OLSON: Motion passes. Okay,
11 next on the agenda may I have a motion to approve
12 the 2012 facilities profiles.

13 DAVID PENN: So moved.

14 RICHARD SEWELL: Seconded.

15 CHAIRWOMAN OLSON: All those in favor
16 say eye.

17 (All in favor voted in the affirmative.)

18 CHAIRWOMAN OLSON: Opposed, like sign.

19 (None opposed.)

20

21 The motion passes. Okay, so our next
22 meeting will be November 5th in Bolingbrook at 9
23 a.m. for a start time. May I have a motion to
24 adjourn. Oh, wait wait. Hold on.

25 DAVID CARVALHO: One quick thing.

1 Because you did it so fast. I should say Nelson did
2 a fabulous job on the profile this year, I mean just
3 phenomenal, and we want to acknowledge that.

4 CHAIRWOMAN OLSON: Thank you, Nelson.

5 And along that same line, I would like to thank
6 George for all the hard work that he's put in, and
7 we do want to send well wishes to Mike Constantino,
8 because, for the shoulder he's recovering, but
9 again, Michael, and again to Alexis, best wishes.

10 Don't be a stranger. May I have a motion to
11 adjourn?

12 RICHARD SEWELL: So moved.

13 VICE-CHAIRMAN HAYES: Second.

14 CHAIRWOMAN OLSON: All those in favor.

15 (All in favor voted in the affirmative.)

16 (Off the record at 4:01 p.m.)

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CERTIFICATE OF REPORTER

I, Pamela K. Needham, Certified Court Reporter,
Notary Public within and for the State of Illinois,
do certify that the witness whose testimony appears
in the foregoing deposition was duly sworn by me;
the testimony of said witness was taken by me to the
best of my ability and thereafter reduced to
typewriting under my direction; that I am neither
counsel for, related to, nor employed by any of the
parties to the action in which this deposition was
taken, and further, that I am not a relative or
employee of any attorney or counsel employed by the
parties thereto, nor financially or otherwise
interested in the outcome of the action.



Notary Public within and for
the State of Illinois

<p style="text-align: center;">A</p> <p>Aaron 15:4,11,12 Aasim 193:23 abandon 21:21 ability 129:7,20 135:2,7 137:18 142:3,4 208:11 223:8 able 27:12 53:21 54:15 73:14 74:17 75:20 159:22 182:16 184:24 186:15 193:10 209:25 absence 34:8 absent 5:19 36:13 172:19 173:8 177:7,21 202:19 203:20 207:9,13 220:20,24 absolutely 18:1 61:10 86:8 95:8 142:8 209:20 absorbing 126:18 Abstain 221:4,5 abstaining 220:12 academic 127:14 130:16 131:19 accept 70:11,17 80:9,22 83:8 98:12 110:12 205:24 acceptable 14:3 access 19:8 23:19 25:9,12 29:22 30:6 33:23 62:18,22 69:25 70:2 82:10 125:18 131:8 148:16 157:23 170:23 185:12 185:16 186:8 186:15,18,24</p>	<p>188:9,21 190:15,17,19 192:3,15,20 194:11 195:15 197:15 198:16 198:20 201:6,6 202:16 accessible 130:21 accident 136:10 accommodate 85:17 86:4 104:8 105:2 114:15 115:19 135:2 141:10 accommodating 53:18 82:18 86:20 accommodation 189:24 190:3 190:22 accommodations 125:21 accomplished 28:9 account 193:11 accurate 78:10 79:14 110:3,5 110:13 achieve 203:7 achievement 130:7 achieving 183:6 acknowledge 6:5 133:19 222:3 acquire 142:2 acquired 168:24 168:25 170:24 acquiring 48:19 49:12,22 acquisition 26:15 29:18 acres 126:16 act 6:22 35:3 59:4,25 60:1 65:22 85:12,22 86:2 113:1</p>	<p>142:17 174:8 174:11 193:3 205:1 216:21 216:22 218:3 acted 113:4 action 194:24 223:11,15 actions 13:10 28:5 35:16 active 192:10 actively 219:15 activities 197:19 acts 188:2 actual 110:7 acuity 98:12,15 104:22 143:7 acute 121:2 141:19 146:19 148:12 150:20 153:25 156:4 ADA 170:2,5,6 Adams 1:15 adaptable 129:16 add 19:2 61:2,3 63:20,21 64:4 65:5,9 68:21 97:15 99:14 101:8 118:9 156:4 168:15 201:12 added 61:14 130:13 140:10 140:11 182:6 addendum 72:2 86:25 adding 50:5 63:7 75:1 114:18 addition 12:4 23:9 50:3 52:25 56:24 58:18 59:3 66:19,25 69:4 97:2 98:11 111:5 142:22 182:13 192:17 additional 15:19 16:18 17:5,12</p>	<p>19:2 57:10 58:24 59:9,23 60:16 64:18 65:2 67:18 73:5 73:19 74:8 76:20,20 82:21 97:17 102:4 104:12 114:18 114:23 120:10 130:14 133:21 135:14 170:10 178:23 188:18 192:18 additionally 18:24 133:18 134:20 135:5 171:17 address 6:23 7:1 9:3 30:14 55:2 57:20 58:16 84:23 97:17 98:5 101:17 113:19 114:17 116:18,21 132:6 138:18 181:3,4 184:20 187:7 193:13 193:21 194:22 212:23 213:1 addressed 28:1 63:4 86:13 132:9 180:16 183:4 addresses 186:12 189:5 addressing 32:8 59:25 76:22 185:25 198:11 Adduci 26:20 adequate 80:15 110:19 190:1 adjacent 158:12 170:8 adjourn 221:24 222:11 adjusted 102:4</p>	<p>adjustment 60:15 adjustments 86:4 administrative 2:19 89:17 204:25 administrators 87:5 admission 74:12 97:18 admissions 11:7 11:8,9,16 54:18 154:5 admit 140:2 176:4 admitted 8:22 54:7 57:6 admittedly 12:20 13:12 admitting 54:2 adopt 37:6 39:4 adopted 24:19 110:9 216:16 advance 128:8 129:11 Advanced 31:14 advancements 18:3 adverse 34:9 184:23 advices 180:25 advised 60:13 150:7 217:14 Advisory 188:20 191:22 216:18 advocacy 203:7 advocate 10:19 11:15,17 12:10 12:10 57:1 83:12 84:9 87:11 193:7 affiliated 155:6 affiliation 124:24 affirmative 35:6 40:24 42:13 47:24 51:13</p>
--	---	--	---	---

52:7 88:12 91:18 95:24 100:15 145:14 157:4 216:13 221:17 222:15 affluent 136:12 afford 214:18 affordable 85:12 85:21 86:1 103:13 142:17 188:22 192:3 192:15,20 afternoon 123:8 124:12 130:2 147:16 152:23 179:20 191:6,9 Agbado 2:14 36:2,6 37:14,18 37:22,25 38:3 38:10,13,16,18 38:21 39:12,16 39:20,23 40:1,4 40:7,9,11,20 41:13,16,18,20 41:22 44:23 45:2,6,8 47:4,8 50:19 79:23 80:2,17 81:1,7 81:16,19,24 82:7,12 87:15 87:18,21,23,25 88:2,4,6,8 90:23 91:1,17 94:19 95:1,3,10 95:13,15,19,21 95:23 99:17,21 99:25 100:3,5,7 100:10,12,14 118:13,17,21 118:24 119:13 119:17,21,25 120:4 122:3,6,8 122:12,14,16 122:18,20,22 144:15,18,20 144:22,24	145:1,3,10,13 150:24 151:2,4 151:6,8,10,12 151:14,16 156:8,11,14,16 156:18,20,22 156:24 157:1,3 162:22,25 163:5,9,11,13 163:15,17,19 165:17,20,22 165:24 166:1,3 166:5,7,10 172:16,19,22 172:24 173:1,3 173:7 177:2,5,7 177:10,12,14 177:16,18,20 202:8,18,21,23 202:25 203:3 203:10,19 207:6,9,12,15 207:18,20 220:1,17,20,23 221:1,3,5,8 AGBODO 4:25 5:2,4,10,16,18 5:22,25 6:2 36:8,10,12,15 36:17,19,21,23 41:24 42:1,3,5 45:4,10,12,14 45:16 47:10,12 47:14,16,18,20 47:22 50:23,25 51:2,4,7,9,11 88:10 91:3,5,7 91:9,11,13,15 122:10 173:5 age 105:1 115:8 115:22 116:3 159:7 161:4 agencies 193:16 205:16 agency 20:18 48:24 53:17	54:25 56:22 71:11,14,16,21 101:22 103:9 103:25 108:7 114:11 116:17 118:16,19,23 168:7 174:2 182:25 197:21 agenda 4:13 7:5 7:8,11 8:5 15:18 17:23 33:24 40:17 51:15,16,25 52:1 70:7,9 74:1 82:23 83:9 114:7 221:11 aggressive 86:17 aggressively 32:5 ago 27:11 60:9 111:16,16 124:25 127:4 159:19 161:5 209:24 agree 34:11 60:19 62:14 64:18 82:2 94:1 94:3 184:3 198:5,10 200:5 201:24 206:15 agreed 70:12,18 81:11 184:3 agreement 65:1 ahead 34:12 62:21 67:16 104:8 110:17 164:5 aid 54:9 112:10 aimed 125:2 aisle 4:8 Alan 2:3 5:20 36:14 38:5 40:3 41:23 45:9 47:2 47:15 50:17 51:5 70:10,16 70:24 79:20 81:9 88:1 91:8	95:14 100:4 119:1 122:13 135:22 136:17 136:24 139:4,6 139:24 144:23 151:7 156:7,19 158:17,23 159:8,24 163:10 164:2 166:2 172:23 175:19 176:6,9 176:12 177:1 177:11 202:22 Alden 100:18 103:3,9 105:12 105:17 114:6 118:8 Alderman 26:17 alerting 109:10 Alexis 2:11 6:10 6:15,19 7:22 10:10 11:22 13:19 15:3 17:15 19:20 22:18 29:9 31:10 34:5 210:6,7,14 222:9 align 153:17 aligned 191:25 Alivio 29:14,20 Alivio's 30:2 ALJ 204:25 205:1,2,6,9,13 alleviate 98:21 Alliance 133:22 allow 25:15 54:17 57:14 65:3 70:22 98:11 109:12 148:13 150:5 allowable 169:9 allowed 53:20 73:25 allowing 21:8 24:14 29:17	191:8 allows 10:23 59:5 65:22 143:18 153:19 Alpine 32:21 alteration 83:11 89:20,24 90:8 90:17 alternative 21:8 21:8 30:22 174:8,11 203:6 altogether 75:5 amazing 128:24 ambulatory 84:8 86:10 164:7,19 165:9,11 178:19 179:24 183:18 186:2 196:15 202:5 amendments 70:11,18 204:15 American 160:4 181:5 182:16 187:8,16 188:4 188:11,20,23 191:18,22 193:4,9 194:4 194:14,24 195:1,1 196:22 199:6,12 Americans 180:6 180:19 181:22 186:14,23 187:11,23 192:4,8,16,21 193:6,22 195:17 198:8 199:2,20 203:9 AMI 156:4 amount 84:11 89:21 114:20 135:25 169:9 179:8 183:21 ample 195:19 analysis 11:3
---	--	--	--	---

<p>82:4 85:25 analyze 141:5 159:15 and/or 205:10 anecdotal 161:3 anesthesia 31:14 31:22 89:13 Ankin 123:10,11 129:25 130:2 Ann 43:15,15 167:6,6 announce 4:16 6:10 annual 107:3 115:11 116:16 133:23 answer 106:3 108:6 110:11 136:21 140:6 141:22 149:19 150:10,11,14 158:14 171:25 175:14,15 196:4 206:22 answered 210:5 answering 37:20 150:2 answers 66:5 Anthony 93:2,2 anticipate 16:10 85:19 105:6 144:4 168:22 199:18 anticipated 53:3 101:18,19 152:3 178:20 anticipates 171:21 anticipating 34:21 183:23 200:3 Antonio 26:10 anybody 70:24 84:16 112:16 201:6 202:2 219:12</p>	<p>anyway 15:21 64:20 apart 155:21 apologies 83:8 94:23 102:24 apologize 41:4 51:20 83:6 apparently 63:15 73:1 appear 53:5 185:22 191:8 appearing 20:21 appears 77:18 116:7 223:5 Appellate 33:2,7 39:1 Applause 6:8 apples 201:18 applicable 121:7 147:12 158:4 applicant 9:10 67:11,18 80:23 82:3 94:1 96:6 100:19 107:25 112:1 113:15 120:14 157:21 178:8,18,25 179:4 181:12 181:23 182:6 183:13,16,20 186:1,7 187:14 190:7,13,23 196:9 209:1 applicants 45:21 46:10,16 48:17 51:19 52:24 53:4,6 62:23 83:16 84:6 88:17 89:19 91:25 92:10 93:8 96:23 101:8,11,22 107:16,17 108:25 121:1 123:6,21 124:2 124:6 145:22</p>	<p>146:18 147:10 151:24 164:16 167:10 174:4 174:10 178:2 178:23 208:5 208:15,22 209:14 applicant's 10:24 152:7 182:9 application 10:21,22 15:25 19:17 20:15 22:3 27:3 34:7 51:19 55:11 56:13,24 59:8 60:25 63:5 66:18 67:5 97:14 98:19 103:22 104:14 107:24 108:13 108:23,24 110:14 126:24 132:5,10 143:5 144:3 152:9 174:14 181:3,9 181:15,24,25 182:1,6 183:8 185:3 186:12 187:14,16 188:11 189:5,8 191:12 193:25 203:5 applications 23:1 24:11 54:9 103:15 118:1 208:11,23 applied 60:9 68:25 69:2 apply 61:7 110:14 190:11 appoint 205:4 appointed 205:1 205:7,14 219:5 appointment 168:6 205:9 206:11 218:17</p>	<p>appointments 176:3 appoints 205:12 appraisal 49:24 56:9 appreciate 6:12 23:23 24:13 26:1 50:6 69:25 74:1 96:3 100:8 113:9 117:21 132:4 147:24 166:18,20 180:12 203:18 203:25 approach 24:22 25:11 143:4,25 196:15 approached 101:22 appropriate 33:8 115:18 187:25 appropriately 160:18 187:1 approval 8:24 9:20 10:6 14:22 16:10,11,13 25:5 29:1 57:14 68:22 69:18 83:15 88:20 94:7 99:3 132:5 138:10,12 139:20 142:6 148:1 152:1 153:11 180:1 190:25 220:8 approvals 16:7 approve 17:5 24:10 25:14 35:19 40:17 42:7 44:19 47:1 50:15 58:12 63:6 79:17 87:11 90:17 94:10 99:13 118:7,8 121:21 121:23 144:10</p>	<p>150:19 156:2 162:16 165:5,8 172:8 176:21 202:3 205:25 206:1,3,6 215:15 219:18 220:4 221:11 approved 8:7 11:17 15:22 17:13 20:6 21:4 21:5 42:17,18 43:19 46:7 49:12 56:21 62:6 76:24 84:6 84:10 89:11 92:6 148:9 174:10 175:5 182:12 183:3 185:12 186:3 197:17 217:16 219:21 approves 181:15 approving 69:1 approximate 179:7 approximately 54:14 56:25 142:20 168:9 170:17 183:22 April 85:22 121:8 210:25 214:20 215:12 215:20 Arab 32:2 181:22 186:14,23 187:8,23 188:3 191:18 192:8 193:22 194:24 195:17 196:14 196:21 198:8 199:2,6 203:8 Arabian 195:1 Arabic 187:25 189:21 199:14 199:15 203:24 architect 64:5</p>
--	---	--	---	--

<p>170:25 architects 131:21 architectural 16:6 60:6 152:19 archives 208:20 area 9:17,20 11:9 19:5 20:5 24:6 26:16 31:16 58:9 59:15 69:5 80:6,8,11 81:22 93:12 98:22 101:13 107:5 109:19,21 116:20 124:9 130:5 132:13 133:11 134:2 134:23 148:7,9 148:15 152:16 153:20 168:4 168:18,20 170:7,21 171:6 174:13 176:1 180:21 186:11 187:12 196:20 197:10,12 199:3 areas 27:7 130:9 133:2,6 217:1 argue 113:23 185:5 argument 71:7 112:20 202:16 arguments 33:7 arising 110:2 Arlington 32:8 arrangement 72:11 arrive 154:1 articulate 33:10 Asia 32:1 asked 12:15 21:13 37:19 39:17 44:9 114:3,14 180:10,23</p>	<p>184:3 200:9 asking 58:15,20 59:24 63:7 65:12 66:6,8 102:3,7 142:18 179:25 195:13 205:24 207:25 asks 12:19 66:18 aspect 129:12 assess 218:16 asset 98:4 139:15 assets 139:14 141:4 142:7 assist 34:14 assistance 50:6 136:18 assisted 97:20,21 104:22 115:13 associated 86:15 123:25 Associates 49:9 Association 204:12 assume 49:25 Assuming 138:1 assumptions 9:10 10:24 assuring 189:23 ASTC 184:23 192:24 193:13 194:22 195:19 201:23 ASTC's 184:2 200:6 as-built 16:8 attached 212:19 attempted 78:13 180:9 attempts 203:18 attend 53:21 219:13,13 attendance 204:10 attention 21:22 81:13 attested 111:19</p>	<p>attorney 223:13 August 9:18 42:8 104:4,6 147:5 211:5 215:22 217:2 authority 23:6 205:5 authorization 138:19 authorize 144:11 authorized 76:4 132:15,16,23 automatically 79:9 availability 21:6 55:5,14 189:20 available 12:4 19:10 21:4 56:2 75:20 98:10 105:8 108:11 161:25 186:10 187:24 190:1 Avenue 9:3 167:12,14 average 77:10,11 133:24 135:4,8 159:6 183:25 200:6 Avery 2:20 53:18 209:6,17,23 210:20 211:14 211:19,24 212:6,14,17 213:4,9,13,20 213:24 214:3,9 214:19,23 215:1,9 216:20 217:10 218:1,4 218:10,18,22 218:25 219:4,8 aware 15:22 50:9 191:16 209:23 216:21 awesome 62:22 93:23 awful 161:18</p>	<p>awkward 215:5 Axel 48:7,7 49:9 49:9 92:21,21 aye 42:12 52:6 A-N-K-I-N 123:11 A-X-E-L 48:7 92:21 A-01 43:4 A-10 9:17,20 a.m 4:18,19,21 35:11,14 221:23</p> <hr/> <p style="text-align: center;">B</p> <hr/> <p>B 32:19 back 12:15 14:2 16:17 35:14 65:7,9,13,25,25 67:20 68:16 71:5 82:23 83:4 83:6 86:21 117:22 138:14 138:17 142:19 143:3 147:10 155:14 176:17 184:9 208:4,13 208:18 209:20 209:22 217:20 219:21 220:8 backgrounds 32:1 bad 188:15 balance 6:25 65:18 66:3 98:2 126:21 137:18 148:14 ball 51:14 208:24 Ballroom 1:15 bank 183:15 banks 56:14 banquet 212:11 212:19 base 59:20 168:21 based 10:15</p>	<p>15:25 37:8 67:3 73:23 75:16 80:24 81:21 82:9 92:1 104:23 132:24 133:13 134:5 134:24 137:21 159:18 181:2 181:23 183:2 196:22 basement 169:20 bases 33:10 basic 183:19 188:6 189:13 190:16 basically 68:5 137:2 161:10 175:3 218:24 basis 10:7,8 16:3 30:16 55:7 81:15 109:4,6 115:11 218:9 bathroom 125:16 bearing 204:20 beautiful 4:6 bed 9:17 11:19 21:4,6 53:1,2 56:19 57:7 59:16,22 60:7,8 60:9,10 62:7,18 65:13 67:4 68:16,23,24,25 69:16,17 73:15 73:20 82:2,5 97:1,9 105:16 105:17,22 109:1 113:24 117:7 128:10 128:10 132:12 133:2 144:1 145:9 150:20 158:24 217:12 beds 8:10 9:22 12:4 17:5,7 20:24 21:1 52:25 53:1</p>
---	--	--	---	--

56:20 57:10	begs 74:3	Benchmarking	block 55:19	97:13 99:6
58:8,14,15,21	begun 128:24	133:22	167:13	101:14 103:1,3
58:25 59:7,9,15	behalf 15:5 17:3	beneath 124:6	blood 169:18	104:5,18 106:2
59:24 60:3,3,20	17:23 18:7	beneficial 24:3	Bloomington	106:6 114:13
61:2,3,8,12,14	22:20 24:14	105:16	210:25 211:5	117:11,17
62:23 63:6,7,13	31:11 32:11,20	beneficially	Bloomington/...	120:9 121:5,9
63:22 64:19,24	99:2	105:15	211:24 212:1	121:20 124:2,5
65:2,10,14,18	behavioral 23:17	benefit 29:3	Blue 6:12	124:11,16
66:19,20,24,25	24:5 25:3,9,13	105:7 131:20	Blythe 120:19,19	129:13 132:7
67:18 68:22	57:8 133:15	benefits 18:15	121:17 123:1	132:10 133:7
69:4 70:2,21	147:21 148:3	31:6	board 1:1,9,13	135:19,20
72:25 73:1,5,17	149:11 153:14	Berwyn 93:16	2:2,7,10 5:6 6:6	138:3,10,11
73:19,24 74:4,8	154:2,16	94:16	6:11,21 7:1,6	139:8,10,21
75:1,12,12,16	belabor 61:17	best 14:9 19:10	8:24 9:7,18,24	142:2 143:14
75:19,23 76:4,9	belief 144:4	21:7,8 184:20	10:1,2,4,12	144:9 146:21
76:9,10,18,20	beliefs 186:17	209:1 215:8	12:15,20 13:10	147:15 148:24
76:25 77:3,19	193:12 194:6	222:9 223:8	13:14,21 14:21	150:16 152:6,7
80:12 81:21	195:16	better 18:22	14:24 15:21,25	152:13,22
97:3,15,17	believe 13:1	19:14 23:14	16:2,19 17:2,15	153:5,8 154:9
98:11,19,20,22	16:15 22:9 23:6	57:17 74:21	19:15 23:3,5,10	154:24 158:16
99:14 101:9	23:25 38:5	131:14 139:21	24:10,19 25:1	163:23 167:15
102:16 103:17	44:11 55:6 63:1	181:1,4	25:23 27:9	167:18 168:1,6
103:20 104:11	64:23 66:7	beyond 128:23	28:16 29:17	171:24 172:3
104:13,17,20	68:12 69:22	138:20 162:6	32:18 33:4,9,18	173:25 174:9
105:3,11,21	80:5,10,13	200:18 201:23	33:20,25 34:11	175:18 178:21
106:10,12,14	81:13 104:15	BH4 17:23,25	35:9,10 37:2,4	178:22 179:12
106:16 107:6,7	115:4 124:20	18:7,8	39:2 40:15 41:8	179:19,21
107:16 108:1,1	126:10 133:2	bicultural 29:21	43:19,21,23	180:7,8,23
108:11,16,19	137:12 140:21	bifurcate 142:10	44:6,16 46:5,7	181:13,15,21
114:18,18,25	148:2,7,11,16	big 111:10	46:23 48:15	182:21 183:3,7
115:1,2,6,23	148:17 153:9	bike 126:17	49:3,10,12	183:8 184:8,17
116:11,12,15	161:13 162:2	bilingual 29:21	50:12 53:4,10	184:21 185:15
116:22,23,25	182:23 195:17	189:2 192:10	53:12,18 55:10	185:21 187:10
117:1,6,8,24	195:23	bill 2:15 193:2	57:13,17,19	189:10 190:8
118:10 119:24	believes 11:15	218:6	58:5 61:18 62:9	191:16,20
121:2,4,24	Belleville 19:22	billion 95:6	62:10 64:10	192:21 194:13
122:1 124:8	20:2,13 21:15	binding 55:24	65:24 66:1	195:6 196:7
132:14,14,16	21:18,21 22:1,7	births 158:22,24	67:16 68:11,19	201:4 203:24
132:17,19,22	22:11,13,15	158:24 160:14	68:22 69:1,17	205:1,4,12,14
132:22,23,24	146:20 147:5	Bishop 29:10	70:4 73:25	208:10,11,12
144:1 148:6,15	149:5,6,22	bit 65:16 127:1	82:20 83:19	209:4 216:17
152:3,3,15	150:20 155:21	130:1 142:23	84:6,22 85:2	216:24 217:6
156:4 158:11	155:23	185:10 199:19	87:10 89:10,22	218:8,11
158:12,19	Belleville's 22:3	208:18	90:1,14 91:23	219:12,14,22
174:10 175:21	benchmark	blabbing 163:1	92:14 93:24	220:8
175:22 216:25	133:21,25	blank 210:17	94:6 97:4,7,11	boards 139:14,16

205:16 Board's 7:1,9 23:7 37:6,7 39:4,5 71:10 83:15 90:11 99:3 114:22 116:24 117:3 120:14 133:10 166:18 168:14 169:9 171:10 190:25 204:8 Bob 101:2,2 103:5 107:19 107:22 112:5,9 112:15 115:3 body 6:24 77:3,5 205:6 boiled 78:13 Bolingbrook 4:17,22 210:24 211:1,8 215:20 215:21,24,24 221:22 Bolingbrook/C... 215:12 Bonnie 2:15,20 213:25 214:11 borders 155:23 bore 111:18 born 27:10 bottom 188:5 Bowls 87:1 box 4:7,10 boy 32:19 Bradley 2:6 5:4,5 5:14 35:24 36:1 36:3,6,7 37:18 37:19 38:20 39:13,16,17 41:16,17 45:2,3 47:8,9 50:23,24 64:17,25 65:8 65:12 66:4,13 72:21,23,24 73:4,17 74:3,7 75:22 76:3,8,17	80:3,4,20 87:19 87:20 91:1,2 94:7,17,20 95:1 95:2 99:10,16 99:18,19,20 112:18,22 113:10 116:25 118:14,15 122:6,7 144:16 144:17 148:25 149:13,18,20 150:1,13,25 151:1 156:12 156:13 162:20 162:23,23,24 165:4,14,18,20 165:21 166:15 172:17,18 177:5,6 202:9 202:10 206:10 206:23,24 207:2,7,7,8 214:21,24 215:3,17 220:18,19 Bradley's 117:22 Bradley/Sewell 165:16 breadth 195:18 break 82:25 137:25 163:24 163:25 164:1,3 164:4 brevity 182:3 Bridgett 123:12 123:12 132:6,8 brief 158:9 191:10 204:5 briefly 113:19,20 181:7 182:3 195:9 bring 125:22 127:10 128:25 208:14 217:20 brings 129:3 broad 175:7	broaden 29:4 broken 19:3 brother 53:14 Brothers 120:21 120:21 123:2 brought 109:16 113:9 build 76:9 109:20 129:17 198:21 building 17:8 18:9 19:11 48:3 48:20 49:11,13 49:15,20,23,24 50:16 59:5 65:19 68:9 74:13 75:5,6 76:15 84:8 105:8 115:24 138:6 159:22 168:11 170:4,7 170:8 buildings 140:11 built 74:24 104:20 125:14 131:1 140:23 140:25 169:14 170:13 bulk 54:14 Burden 2:4 5:11 5:12 36:8,9 37:23,24 39:9 39:21,22 41:18 41:19 45:4,5 47:10,11 50:25 51:1 62:14 80:18,19 86:23 86:24 87:8,21 87:22 91:3,4 95:3,4 99:21,22 106:7,18 107:1 107:4,9 108:5 110:11 111:21 112:21 113:8 113:18 117:21 118:12,14,17	118:18 122:8,9 144:18,19 149:19 151:2,3 156:14,15 161:1,2 162:25 163:1,4 165:22 165:23 172:5 172:19 177:7 187:9,9 202:19 207:9 218:10 218:16 220:20 Burden's 113:22 Bureau 161:6 199:6 Burman 2:23 204:4 205:21 206:2,14 208:7 208:16,20 209:5 bus 171:4 Bush 42:24 business 83:11 84:25 204:2 207:22 210:2,2 busy 90:11 buying 216:24 B-L-Y-T-H-E 120:20 B-R-O-T-H-E-... 120:22	122:5 144:14 145:19,20 156:10 165:19 177:4 220:9,15 called 7:17 35:14 43:20 46:8 50:8 106:14 116:8 165:2 calling 145:21 calls 10:4 96:25 camera 135:1 campus 48:20 49:7 84:8 85:14 124:1 125:9 126:10,19 128:3,12 129:2 140:7,13 141:4 141:14,15 142:1,1,12 capability 159:3 capable 31:2 126:4 141:18 capacity 12:4 61:22 65:5 73:23 75:25 76:18,19 77:15 117:1 118:16 119:20 capital 114:19 123:22 137:13 143:15 capitalism 196:22 Capitol 4:7 Caplin 26:17 car 26:6 cardiology 126:6 care 17:12,12 18:4 19:7,10,13 23:13,19 24:4,8 24:20 25:11 27:4,6,17 28:3 28:13 29:19,23 30:7,12,15,18 30:23 31:2 32:6 42:21 43:21
---	---	--	---	---

51:16,18 53:1,2 53:2 54:10,17 55:7,17 56:3,15 62:18 66:20,24 69:6 72:6 73:9 73:19 74:17 76:25 79:15,18 80:12 81:10 84:8 85:10,12 85:13,20,22 86:2,11,15 89:13 93:8 96:23 97:1,2 98:6,14,14,15 98:22 99:14 101:9,9,14 103:11,16,20 103:24 104:17 104:19,19,20 104:21 105:1,2 105:7,8,9,18 106:9,10,12,14 106:17,20 107:7 108:1,11 112:8,10,12 113:15 115:1,6 115:9,14 116:2 116:8,11,11,15 116:22 117:12 117:24 119:24 121:2,3,25 124:22 125:11 125:13 127:3 127:16,18 128:4,20 129:3 129:10,12 130:24 131:3,5 131:10,13,21 131:24 132:1 135:15 136:11 140:10 141:19 142:10,17 143:8,16 148:3 148:11,12,19 152:11 153:16 153:16,17,22	154:14,15,17 155:17 169:24 170:16 175:20 175:22 180:22 182:17 183:17 183:19,22,24 184:4,10 185:13,17 186:8,15,18,24 187:18,21 188:9,10,13,13 188:14,17,22 189:2,12,19 190:9,15,17,20 192:3,6,11,15 192:21 193:6 193:10,14,21 194:3,12 195:15 197:9 200:3,4,4,10,15 200:16,19,22 201:11,14,22 201:23 203:13 203:16 216:18 216:25 217:3 217:11,25 218:11 careers 127:25 careful 4:9 carefully 135:11 181:19 Care's 28:8 Carmen 29:10,12 29:13 Carmi 41:7 Carvalho 2:9 60:23,24 61:6 108:21 110:23 112:1 114:12 160:9 183:5 201:10,10,16 206:16 209:19 215:6 216:6 221:25 Carvalho's 113:22	case 12:15 27:1 54:4 86:9 134:19 193:17 205:2 cases 134:18 183:23 201:22 case-by-case 81:15 cash 50:1 56:6 71:24 93:19,19 114:23 137:18 137:19 catch 109:12 categories 133:7 category 104:18 115:17 116:8 121:3,25 133:1 146:19 150:21 162:18 182:18 199:16 Catherine 2:11 Catholic 155:8 Catholic-spons... 22:8 Cathy 26:20 120:19,19,19 121:17 123:1 cattle 161:5 Caucasian 199:17 caused 12:22 188:2 causes 169:10 170:9 187:20 CCR 3:2 CCRC 96:24 CDH 48:18 census 9:12 54:12 77:12 109:5,8 110:25 111:1,3 199:5 199:10,17 Centegra 8:6,8 8:13,22,23,24 9:5,8 10:15,20 11:1,11,24	12:25 14:15,15 14:23 15:13,17 37:3,8 Centegra's 10:25 11:4 center 4:8 17:20 17:25 23:16,24 25:7,8,16 29:14 29:20,22 31:20 32:6,8,15,21 35:20 41:7 42:24 57:1 79:18 83:13 84:9 86:3 87:12 88:25 90:18 93:15 94:15,16 127:11,14 128:11 130:11 130:12,13,16 131:19 140:12 140:18,21,23 141:21 146:12 164:7,17,19,19 165:8,11 166:24 168:9 168:16,19,23 168:24 170:24 171:22 172:9 173:13 174:5 176:16,21,24 178:19 179:25 180:2,2,9 182:7 183:18,22 184:4,6 185:11 186:2 190:14 193:19 194:11 195:3,24 196:16 197:16 197:20 200:11 200:12 201:14 202:5 centers 30:13 31:19 72:9 121:4 131:8 174:13 183:25 184:25 185:6	197:9 201:19 center's 191:7 195:25 centralized 24:2 Centreville 155:14,20,22 156:3 CEO 20:1 146:11 147:17 certain 29:2 129:6 160:14 certainly 18:2 80:23 Certificate 18:11 18:21 103:15 223:1 certification 105:11 121:2 190:12 certified 54:3 130:12,12 223:3 certify 223:5 cetera 180:5 chagrin 62:24 161:10 chair 9:2 25:23 27:8 28:17,25 35:18 37:1 40:15 42:20 43:1 44:2,6 46:5,14 49:1 52:24 53:8,12 60:4 63:11 82:8 84:6 88:18 89:10 91:15,22 93:8,20 96:23 97:9 101:8,16 103:2 119:25 121:1,13 122:20 123:21 124:16 138:16 139:4 146:18 147:13 151:22 152:20 157:21 158:4 164:16
---	---	--	---	--

<p>165:3 167:10 167:24 173:5 174:20 178:18 179:17 185:20 200:14 203:11 205:2,4,12,14 207:20 221:6 chairman 2:2 4:25 42:18 218:24 219:2,5 chairperson 17:2 90:3 97:13 179:21 191:15 219:5 Chairwoman 4:2 5:1,24 6:4,9,16 6:17 7:17,21,25 8:2 12:7 14:11 15:1,9 16:24 17:14 19:19 21:23 22:17 25:21 29:7 31:9 32:16 34:17 35:2,5,7,16,22 35:25 36:4,21 36:22,24 37:10 37:16 38:18,19 38:22 39:7,10 39:14 40:11,12 40:16,22,25 41:2,9,15 42:5 42:6,11,14,16 43:2,8 44:3,15 44:18,25 45:16 45:17 46:3,15 46:22,25 47:6 47:22,23 48:14 49:2 50:11,14 50:21 51:11,12 51:24 52:3,5,8 52:10,22 53:9 53:23 57:21 58:4 60:2,19,22 61:15 62:1,3,12 62:25 63:15,23 64:1,7,10,14</p>	<p>66:14 67:15,24 69:21 70:13,19 71:2 72:17,23 75:8 76:23 77:2 77:5,7,11,17,24 79:16,21,25 82:9,14,22 83:5 84:4,18,21 85:1 86:23 87:9,17 88:8,9,11,15,22 88:24 89:8,25 90:13,25 91:16 91:19 92:8 93:6 93:21 94:5,9,21 95:21,22,25 96:4,21 97:10 99:5,8,11 100:12,13,16 101:6,17 102:1 102:10,13,22 102:25 106:5 107:12 108:3 112:3,7,12,17 113:20 116:5 118:6 120:2,6 120:12,24 121:11,14,19 121:22 122:5 122:21,24 123:3,18 124:9 124:10 135:20 136:25 138:8 138:21 139:3,5 144:8,14 145:11,12,15 145:18 146:16 147:14 148:23 150:15 151:14 151:15,18 152:21 154:23 155:19,25 156:10 157:1,2 157:5,19 158:5 158:15 160:1 160:21,25 161:19,20,21</p>	<p>162:7,14 163:3 163:17,18,21 164:4,6,14 165:7,15,19 166:8,9,12,20 166:23 167:8 167:25 168:5 172:2,13 173:6 173:9,12,24 174:22 175:8 175:12,17 176:13,20 177:4,18,19,22 177:25 178:16 179:18 196:6 198:5,23 200:1 201:1,5,15 202:2 203:12 203:21 204:1 205:19,23 206:5,12,22,25 207:3,21 210:1 210:12,16,22 211:4,17,22 212:2,13,20 213:2,7,11,15 213:23 214:16 215:11,19 216:3,8,14 218:12,15 219:11,24 220:4,10,11,15 221:7,10,15,18 222:4,14 challenge 140:13 challenged 129:14 challenges 140:17 challenging 34:12 143:13 Chambers 147:6 chance 12:2 155:16 209:1 chances 115:10 214:6</p>	<p>change 12:22 26:3,9 48:3 50:15 51:15,25 51:25 63:5,18 63:24 67:4 68:15 69:16,20 81:11 104:16 108:25 110:24 110:24 111:1 117:5,13,13 129:13 140:20 143:16 159:5 159:21 204:22 204:22 206:19 213:6 changed 13:6 60:10 104:10 109:16,17,25 117:14 204:19 206:18 changer 128:21 changes 85:5,17 86:12 124:21 129:18 181:7 181:25 182:4 196:24 197:5 206:21 changing 26:23 85:11,15 108:12 206:18 Chapter 194:15 charge 139:8 212:11 charity 28:3 112:8,12 127:3 136:1,10,18 152:11 183:17 183:19,22,24 184:4,10 190:9 190:17 192:11 200:3,4,9,13,15 200:16,19,22 201:5,11,14,22 201:22 203:13 203:15 Charles 43:11,11</p>	<p>44:5 52:18 53:15 167:4 chase 165:5 chest 130:12 Chicago 17:4 29:15 31:5 93:13 94:11 96:5,23,24 99:14 130:5 164:8 174:13 194:9 197:25 211:5 212:4,5 214:7,13,13,14 214:17 215:21 215:22 219:20 220:6 Chicagoland 11:13 93:12 168:4 187:11 chief 90:4 103:5 129:25 137:9 152:24 153:2 164:12 choice 8:11 83:8 105:4 Chris 22:22 25:22,24 173:19,19 175:15,24 176:8,11,19 177:24 Christ 57:1 83:12 84:9 86:3 87:11 Christie 123:14 123:14 Christine 192:25 Christmas 212:24 213:22 213:23 Christopher 22:21 Chuck 167:4 Circuit 14:17 circulated 205:18 circumstance</p>
---	---	---	--	---

<p>33:4,5 circumstances 34:10,12 cite 191:13 cited 188:21,23 189:1 cities 215:16,18 citing 192:19 city 22:1,11,13 31:17 147:5 197:25 210:19 211:20 212:8 Clair 20:24 23:20 24:15,18,20,25 Claire 2:23 146:8 146:8 147:22 153:3 204:3,4 205:19,21 206:2,14 207:22,25 208:7,16,20 209:5,7 Clancy 96:10,10 Clare 17:4,17 96:5,25 97:17 98:24 99:1,2,14 clarification 72:3 138:9 clarity 71:2 Clarke 2:11 class 19:13 clean 50:7 cleanest 15:24 cleansing 190:4 clear 18:1 20:15 116:6 clearly 8:13 63:3 69:23 110:14 client 65:16 clients 34:14 54:22 clinic 127:6 clinical 125:1 126:5 133:6 142:10 clinicians 130:21</p>	<p>clinics 49:16,17 close 10:25 20:11 54:16 90:10 141:21 150:6 159:18 169:12 171:9 214:4 closed 31:21 159:19 closely 154:6,9 191:25 closer 129:4 131:10 closing 11:15 21:12 148:17 149:6,8 closure 20:20 CMS 217:19 coauthor 193:25 code 136:21 168:11 169:14 170:14 codes 199:21 coffee 160:24 Colby 7:15,23,24 7:25 8:3,4 collaborate 30:5 collaboration 127:4 148:3,18 collaborations 24:9 collaborative 24:21 colleagues 220:13 collect 201:16 college 160:5 combine 71:23 71:24,24 combined 55:12 71:9 combines 161:9 come 16:1 23:13 25:13 27:17 29:15 30:14 35:17 43:6,7 45:21 51:19</p>	<p>65:7,9,13,25,25 67:20 73:10 74:18,20,21 76:10 77:15 82:20 86:13 88:17 92:10 96:6 100:19 103:9 106:18 111:15 115:12 120:9,14 138:17 142:19 169:11 170:25 175:22 184:9 200:12 208:22 210:2 220:8 comes 152:17 175:25 comfortable 65:21,23 coming 4:9 10:24 22:12 32:8 66:9 66:12 68:22 96:7 136:5 166:21 199:24 219:21 commence 16:9 commenced 16:5 commend 196:8 comment 7:4 63:1 64:11 66:17 67:23 78:2,3 86:25 112:18 115:3 117:22,23 176:14 204:6 204:11,12 206:4,7 commentators 204:10 commented 204:23 comments 7:3,6 7:8,12 8:7 32:20 34:20 44:4 46:16 48:14 49:2</p>	<p>53:10,22 62:13 62:15 78:24 84:21 89:25 97:11 102:25 111:12 124:11 147:14 152:22 154:22 167:25 179:19 180:15 181:12 183:4 191:10 195:18 196:10 commission 24:21 25:2 Commissioner 26:17,18 commissions 205:16 commit 31:1 32:12 60:17 126:13 128:10 184:8 200:21 commitment 28:2,6,21 44:7 44:10,11 54:23 183:14,17,21 184:5 190:8,10 190:18 200:25 201:25 commitments 192:14 committed 29:22 30:2 54:19 55:15 124:18 136:10 committee 138:2 217:25,25 common 170:4 communities 23:14 26:22 29:5 119:1,5 181:5 194:13 195:20 community 17:7 24:19 25:1 26:24 27:5,13 27:15 28:6,12</p>	<p>29:24 30:8,11 30:12,16,25 31:1 34:10 48:17,21 57:2 91:25 119:2 124:19 125:12 126:17,22,23 127:8 128:18 130:7,16,25 136:13 148:20 149:12 154:6 154:13 160:13 176:18 181:1 182:10,24 187:17 188:23 188:25 189:3 190:5,6 191:18 193:4,20 195:8 195:9 196:2,14 196:19 197:19 199:6 208:4 community-ba... 25:10 174:5,12 176:23 companies 26:23 86:16,17 company 18:8 57:2 comparable 133:23 comparative 209:8 compared 10:25 competency 159:2 competent 186:21,25 193:21 competition 8:12 competitive 105:19 complaining 8:21 complaints 79:6 complement 33:19</p>
--	--	--	--	---

46:20 65:4 68:12 75:6 completed 20:8 138:23 164:25 completely 104:3 114:10 135:7 completing 98:2 completion 28:20 90:7,10 101:18 101:20,23 102:4 121:8 181:14,17 complex 98:13 complexity 98:17 128:22 compliance 12:17,18 179:14 compliant 55:1 101:12 104:15 170:5,6 182:1 complicated 118:4 complies 97:21 comply 105:25 125:19 169:5 169:13 comprehensive 18:7 23:19 148:10 173:13 173:13 174:5 176:22,23 compromising 135:3 computed 114:21 CON 10:12 14:14 22:4,4 23:1 24:10,18 25:15 27:2 55:11 56:24 61:8,12 61:13 64:19 68:8 72:2 103:6 103:6 146:4 148:13,22,24 180:13 181:3,8 185:9,23	193:17,25 195:13,25 209:13 concentration 187:15 196:20 199:20 conceptual 137:22 concern 9:25 11:21 20:10,23 22:5 55:3 76:22 114:8 149:23 160:11 182:15 182:22 193:9 concerned 108:16 149:21 159:3,9 concerning 9:5 22:2 204:13 concerns 11:25 180:17 181:4 181:20 183:5 184:13,20,23 198:11 concert 20:16 190:5,5 concluded 133:3 194:10 concludes 34:18 194:21 conclusion 57:13 105:24 concur 80:19 185:4 conditions 10:16 98:13 154:17 168:12 170:15 171:15 186:4,6 conducted 204:10 confer 185:18 configurations 97:8 configured 142:1 conform 169:23 170:16 206:19	conformance 53:5 121:6 147:11 152:14 152:16 158:3 confused 61:15 Conger 157:12 157:12 158:9 158:20 159:1 159:16 162:1,5 162:10 congratulate 168:5 congratulations 96:1 203:22 connected 49:14 consensus 13:24 14:1 conservative 31:25 143:5 consider 81:14 126:24 considerable 130:6,23 consideration 10:12 12:6 19:17 23:12 25:19 31:8 33:12 57:19 106:3 132:4 171:25 considered 16:19 33:17 72:11 117:20 151:23 180:7 181:20 considering 11:15 19:17 97:14 115:23 considers 117:17 consistent 23:7 25:12 28:10,10 118:18 132:20 133:1 192:14 consistently 9:25 consolidated 55:7 71:9 147:3 constant 144:2	Constantino 103:8 222:7 constituents 27:16,21 28:11 28:14 192:23 constraints 68:5 145:8 construct 84:7 148:14 constructing 123:24 construction 44:13 46:9,20 68:12 103:21 138:5 constructions 138:13 consultant 103:6 185:9,23 consultants 31:14 53:16 209:13 consultations 130:15 consumers 8:10 contain 147:1 contained 124:4 146:22 167:17 contains 39:18 contemporary 129:5 141:19 contempt 13:24 content 191:12 contention 64:19 65:8 context 202:1 continue 11:16 16:21 19:13 28:8 32:25 53:25 54:9 78:20 124:23 127:24 143:9 149:14 150:9 168:20 198:7 209:3 212:14 continued 32:23	34:11 68:19 125:7 continues 124:21 continuing 31:3 54:1,21 218:17 continuum 148:10 contract 192:9 217:18 219:21 220:7,8 contracts 31:22 contrary 22:9 contrast 11:1 contribute 130:18 contributes 188:8 control 169:10 controlling 8:9 48:19 conversation 72:15 75:11 81:4 198:16,17 conversion 97:23 105:10 convert 64:3 97:19 103:19 105:21 129:20 converted 106:13 108:1 converting 106:11 Cook 26:16 Cooper 43:15,15 167:6,6 coordinate 19:12 153:15 197:18 coordinated 153:22 coordination 19:9 154:16 Coordinator 2:22 copy 208:17 corner 155:24 corporate 155:12
---	--	---	--	---

<p>Corporation 49:21 93:9</p> <p>corporations 82:4</p> <p>correct 12:1 59:14 61:11 63:25 64:21 66:20,21 67:7 76:5 80:10 101:24,25 102:18 107:18 107:19 111:14 112:7 137:3 142:8 155:20 201:9 209:20</p> <p>corrected 84:15</p> <p>corrections 111:3</p> <p>corridors 125:18</p> <p>cost 8:12 18:18 30:6 43:22 53:3 58:19 74:24 84:10 90:19 97:3,25 98:23 101:10 105:20 114:19 137:2,6 137:12 138:18 139:22 146:20 148:19 152:3 152:11 164:23 167:14 174:6 178:20 179:5,8 183:12 212:9 212:19</p> <p>costly 129:21</p> <p>costs 18:24,25 19:3 58:21 93:17 124:1 152:18,19 157:24 196:11</p> <p>cost-effective 29:23</p> <p>council 99:2 147:5 188:20 191:22 192:1 192:18 195:2</p>	<p>council's 189:6 191:25 192:14 192:20</p> <p>counsel 2:17 14:14 15:13 103:7 146:9 147:22 153:3 178:8 181:6,11 211:20 215:1 223:10,13</p> <p>count 11:19 73:18 117:1</p> <p>counted 136:16</p> <p>counties 154:11</p> <p>counting 7:18</p> <p>country 53:20 127:19 161:17 180:4 187:19 198:9</p> <p>county 8:10,19 9:16,21 10:4 11:20 14:18 20:24 23:3,9,20 24:15,18,20,25 26:16 125:3 127:3,5,6,11,13 127:18,24,25 130:4 136:11 143:10 154:8 161:6 219:1,2</p> <p>County's 11:2 25:3 37:8</p> <p>couple 4:5 49:16 59:18 85:5 112:3 213:14 213:21</p> <p>course 16:22 68:2 108:13 111:2 124:22 137:20,23 142:6 154:12 163:4</p> <p>court 3:1 10:4 12:14 13:8 14:17 15:7 33:2 33:7,13 37:19</p>	<p>39:17 43:9 45:23 48:6 52:11 78:15 89:1 92:19 96:8 100:22 120:18 123:7 146:1 157:11 164:10 166:25 173:16 223:3</p> <p>courthouse 161:8</p> <p>Courtney 2:20 209:6,17,23 210:20 211:14 211:19,24 212:6,14,17 213:4,9,13,20 213:24 214:3,9 214:19,23 215:1,9 216:19 216:20 217:10 218:1,4,10,18 218:22,25 219:4,8</p> <p>Court's 14:3 37:2 39:1</p> <p>Covenant 164:8 164:13,16,18 164:20,21,22 165:9,12</p> <p>cover 119:8 139:22 170:21 170:21 208:2</p> <p>co-applicant 72:12</p> <p>co-chairperson 191:21 192:17</p> <p>Co-person 191:23</p> <p>create 25:16 68:13 127:10 127:12 128:18 133:18 148:4 148:10 153:13 153:14,19,21 168:17 169:4</p> <p>created 33:3</p>	<p>140:16 155:14 193:2</p> <p>creates 170:10</p> <p>creating 75:5</p> <p>criteria 55:1,3 56:13,17 81:4 132:9 147:11 175:2,6 185:9</p> <p>criterion 182:2</p> <p>critical 157:22 194:22</p> <p>criticism 108:24</p> <p>cross 139:15</p> <p>Cross/Blue 6:12</p> <p>crowd 195:10</p> <p>CSR 3:2</p> <p>Cullertan 26:10</p> <p>cultivate 30:5,6</p> <p>cultural 186:16 186:22 187:22 188:7 189:18 190:16 192:7 193:11 195:16 198:14</p> <p>culturally 186:25 189:11 193:20 198:10</p> <p>culture 30:1 194:5</p> <p>current 7:8 10:14 10:16 24:4 26:5 54:12,20 56:10 56:11 57:9 68:20 74:12 105:6,17 110:4 117:18,18 134:8,10,12 149:4 160:3,10 167:21 168:10 168:21 169:13 170:1,14</p> <p>currently 54:15 59:13 68:4 73:12 74:10,23 79:11 97:5 98:7 107:17 112:5</p>	<p>112:11 132:16 132:22 133:11 171:5,11,18 186:10</p> <p>curve 51:14 64:8</p> <p>curving 111:8</p> <p>customs 189:18</p> <p>cut 73:24,24 165:4</p> <p>cutting 72:24 125:13</p> <p>C-H-R-I-S-T-I-E 123:15</p> <p>C-L-A-N-C-Y 96:11</p> <p>C-O-L-B-Y 7:25</p> <p>C-O-N-G-E-R 157:13</p> <p>C-01 48:2</p> <hr/> <p style="text-align: center;">D</p> <hr/> <p>D 4:1</p> <p>daily 77:12 190:2</p> <p>Dan 7:22,24,25 8:3,3 14:13,14</p> <p>Dana 22:19,19 22:21,23,24</p> <p>Daniel 52:15,15 53:13 78:5</p> <p>Dart 2:15</p> <p>data 2:14 56:13 201:17</p> <p>date 101:18,20 101:24 102:2,6 121:8 144:6 181:14,17 212:22 214:20</p> <p>dates 210:18,19</p> <p>Dave 183:5 216:5</p> <p>David 2:5,9 35:4 36:18 37:12 38:15 40:8 42:2 44:22 45:13 47:3,19 51:8 60:24 61:6 78:1 81:21 88:5</p>
--	---	--	--	--

91:12 95:18 100:8 108:20 108:21 110:23 112:1 119:19 122:2,17 144:12 145:2 151:11 156:23 160:9,23 163:14 164:3,5 166:6 172:12 172:15 173:2 173:10 176:25 177:15 201:10 201:16 202:7 203:2 206:16 207:17,24 208:9,19,21 209:15,19,21 211:3,12,15,20 211:25 212:4 214:6,12 215:6 216:6 220:3 221:2,13,25 Davis 167:2,2,3 168:2,3 173:11 DaVita 17:25 18:2,15 19:12 166:24 168:4 169:2 172:9 DaVita's 169:5 169:23 170:16 day 4:7,16 27:22 28:4 166:16 175:22 176:5 191:9 210:13 210:15,15 days 21:3 135:9 204:19,19 205:25 213:8 day's 7:8 day-by-day 77:14 deal 117:17 150:5 dealing 68:4 117:25 153:25	Deanna 2:5 debt 50:1 56:10 58:20 decade 104:21 decades 30:1 December 89:10 164:25 211:7 212:23 213:10 213:21,25 214:7 215:9,24 217:21 decide 66:15 67:23 70:4 decided 181:2,23 decision 10:5 16:3 33:2,11,14 35:19 37:7 39:1 39:5 118:4 159:18 decisions 8:16 33:3 75:16 181:8 Declaratory 91:24 decline 157:25 declined 9:16 decorum 7:2 decrease 84:11 84:13 90:19 111:14 148:6 decreased 11:18 decreases 11:16 dedicated 127:15 133:15,15 170:9,20 deemed 115:16 deep 6:9 defer 67:12,19,21 154:21 deferred 114:9 deferring 104:16 Defiebre 96:12 96:12 97:12 defined 121:4 definitely 160:20 DeKalb 211:6	215:23 delay 69:15 deleting 66:24 deliberations 14:9 delighted 5:7 124:15 deliver 23:17 28:2 115:9 125:13 delivered 28:2 160:16 deliveries 158:21 160:6 delivery 23:25 174:8,11 Delnor 48:3,16 48:17,18,20 49:7,11,18,22 49:25 50:16 demand 11:21 58:7,13 97:18 98:6,14,21 101:13 143:9 demographic 129:19 demonstrate 184:7 demonstrated 28:5 63:2 103:22 190:14 demonstrates 62:17 Dempsey 173:17 173:17 DeMuzio 2:5 5:16,17 34:25 35:23 36:1,3,10 36:11 38:1,2 39:24,25 41:11 41:14,20,21 42:9 45:6,7 47:12,13 51:2,3 52:2 77:23 81:2 81:3 87:13,16 87:23,24 90:21	90:24 91:5,6 95:11,12 99:7 99:18 100:1,2 118:21,22 122:10,11 144:20,21 151:4,5 156:6,9 156:16,17 163:6,7 164:1 165:24,25 172:20,21 177:8,9 198:25 199:22 202:6,9 202:19,20 207:10,11 219:25 220:2 220:21,22 Denise 96:12,12 97:12 157:16 157:16 162:3 deny 82:15 113:4 120:7 178:2,22 178:25 department 20:14,23 24:15 78:14 90:5 115:12 127:5 133:11,22 134:4 140:19 160:12 193:15 205:10,11 217:19 219:2 Departments 133:20,23 dependent 20:14 Depending 4:12 depends 145:23 deposition 223:6 223:11 depressed 19:5 depth 195:18 Des 42:21 174:16 176:1 describe 20:4 110:3 161:24 design 86:16	131:13,14,21 137:22 138:11 138:14,20,22 143:24 144:11 145:16 169:3 designated 32:14 designation 126:14 designed 131:4 131:16 170:12 designs 18:19 desire 30:24 78:24 104:25 despite 143:9 destination 128:18 142:11 detection 128:15 deteriorates 160:16 deteriorating 159:4 determination 171:1 determine 86:1 determined 205:3 determining 80:6 80:8 develop 192:11 209:9 developed 24:20 31:4 126:7,8 127:4 developing 103:12 109:13 development 20:5 204:3 208:8,13 devices 130:22 devised 137:6 DHS 193:17 diagnostic 128:23 131:9 143:19 dialogue 65:24 dialysis 17:25
---	--	--	---	---

<p>19:9 171:20 dictate 13:14 differ 93:18 difference 114:16 196:1 different 13:22 30:12 56:3 68:16 71:14,16 72:7,7,12 85:17 103:14 106:12 108:10 115:24 116:1 119:2,4 141:6 142:11 154:11 201:17 212:25 differentiated 129:7 differentiation 61:11 difficult 12:20,21 12:24 13:5,7,12 14:5 76:6 105:19 125:19 127:7 difficulty 20:25 79:3 113:15 dig 208:18 digital 130:22 diligence 149:15 149:17 150:10 212:8 diminishes 56:5 dire 17:6 direct 170:3 171:14 directed 192:2 direction 223:9 directives 192:1 directly 171:3 180:20 director 10:18 23:3 24:15 25:20 29:14 147:20 171:18 194:7 205:7,10 205:11 210:5</p>	<p>disadvantages 112:25 disbursal 95:6 discerning 149:16 discharge 54:11 115:15 discharged 115:10 discontinuation 157:25 discontinue 146:18 150:20 157:21 158:10 162:18 163:3 167:10 172:10 discontinued 158:12 discriminate 54:5 discrimination 188:2 discuss 65:16 168:15 179:24 181:7 185:17 210:9 discussed 201:11 discussion 34:1,3 80:20,24 113:13 180:10 211:9 discussions 181:2 dislodged 169:18 disparities 186:18,25 187:18,20 188:10 194:6 displace 115:20 dispute 78:14 Disqualification 204:24 disqualified 205:3 disruptive 7:9 disservice 198:8 distance 131:4,5</p>	<p>161:25 distant 17:11 distinct 30:13 distributed 44:12 distributions 55:25 district 25:25 27:7,18,19 28:4 38:25 185:1,6 185:13 197:10 199:19 division 119:11 119:11 168:3 Docket 35:21 151:23 Doctor 108:4 181:11 doctors 8:15 69:12 175:21 194:16 200:8 203:15 document 37:4 37:20 39:3,18 58:7 85:18 186:7 205:17 documented 56:25 186:13 187:15 doing 55:9 61:7 66:23 73:14 85:25 130:25 149:17 201:19 209:12 dollar 114:20 dollars 16:7 19:3 55:18 75:1 90:8 98:3 152:11 159:23 212:16 212:17 Don 7:15 26:11 doses 135:14 doubles 214:10 doubt 33:19 34:13 141:23 downsizing 182:20</p>	<p>downtown 21:14 21:21 22:7,15 125:9 136:15 136:18 139:7,9 149:6,22 212:5 214:7 Dr 5:11,12 20:22 29:10 31:10 36:8,9 37:23,24 39:9,21,22 41:18,19 45:4,5 47:10,11 50:25 51:1 62:14 80:18,19 86:23 86:24 87:8,21 87:22 91:3,4 93:2,2 94:3 95:3,4 96:18,18 99:21,22 106:7 106:18 107:1,4 107:9 108:5 110:11 111:21 112:21 113:8 113:22 117:21 118:12,14,17 118:18 122:8,9 123:10,11 129:25 130:2 144:18,19 146:3,4 147:8 147:19 149:19 151:2,3 156:14 156:15 161:1,2 162:25 163:1,4 165:22,23 171:18 172:5 172:19 177:7 178:9 179:20 181:19 182:13 187:9,9 188:10 193:23,25 194:2,7,10,18 194:20 200:24 202:19 207:9 218:10,16 220:13,20</p>	<p>dramatic 110:25 111:4 129:13 draw 136:22 drawings 16:8 60:6 drive 217:2 drop 170:9 dropped 11:8,9 78:17 dropping 66:24 158:21 drops 160:14 drop-off 170:20 170:21 drove 26:7 195:10 Drug 161:15 drunk 161:16 DSI 168:25 duck 150:7,9 due 57:6 79:3,5,6 98:10,17 135:12 149:15 149:17 150:10 169:24 186:15 195:5 212:8 duly 54:3 60:22 223:6 duplication 148:13 dynamic 117:11 D-A-V-I-S 167:3 D-E-F-I-E-B-R... 96:13 D-E-M-P-S-E-Y 173:18 D-01 87:11 D-02 88:15 D-03 88:24 D-1 83:12</p> <hr/> <p style="text-align: center;">E</p> <hr/> <p>E 4:1,1 earlier 78:1 88:19 98:23 112:20 113:4,7</p>
---	---	---	---	---

<p>142:15 200:24 early 49:13 128:15 137:11 169:1 213:9 easier 56:7 75:3 76:12,14,14 east 1:15 20:3 23:14 24:6 25:12,18 162:5 easy 23:19 eat 212:13 Eckert 15:6 21:25 22:1 economic 63:8 economically 19:5 economy 58:19 Ed 21:3 96:10,10 133:17 134:1 edge 125:13 educated 188:3 education 141:17 189:16,17 190:4 197:19 educational 131:18 Edward 45:19 46:9 effective 30:7,18 98:23 105:20 148:5,19 217:2 effectively 23:18 143:23 efficiencies 7:2 149:2 170:13 efficiency 153:13 170:19 efficient 105:23 129:2,21 142:13 148:5 148:19 efficiently 23:17 effort 6:25 29:4 127:20 efforts 203:5 eggs 78:13</p>	<p>egresses 170:1 eight 6:2 47:23 51:12 74:11 78:21 88:10,11 91:17 95:23 100:14 122:22 145:13 151:16 157:3 163:19 166:10 171:12 eight-bed 174:16 174:17 either 4:13 66:5 132:25 188:12 188:16,17 211:6 215:20 ejector 169:21 elderly 119:3 elected 26:16,19 electric 141:13 electronic 125:6 elements 126:25 elevators 131:8 eligible 92:6 eliminate 148:13 Elizabeth 26:13 Elizabeth's 19:22 20:11,15 21:11 21:13,15,20 22:3,14 23:1 24:10,17,24 25:14 145:19 146:3,7,10 147:18,21 148:22,24 150:16,19 155:1,7 Ellison 157:14,14 email 210:4 Emanuel 22:22 25:22,24 emergencies 131:6 134:19 emergency 20:14 20:22 30:23 133:11,19,21 133:22 135:2</p>	<p>135:13 136:9 153:21,23 emphasis 128:15 employed 223:10 223:13 employee 8:19 223:13 employees 29:3 empty 11:10 EMS 153:20 EMTALA 201:21 encompasses 128:6 encounter 188:14 encourage 17:4 57:17 198:6 encouraged 28:7 endeavor 126:23 endorses 23:11 engage 33:25 126:17 142:5 engineering 16:6 152:19 enhance 56:6 185:12,16 194:11 enhanced 24:1 enhancements 140:7 enhances 59:2 enjoyed 31:7 enormously 129:18 143:24 ensure 18:4 19:7 19:10 23:21 25:17 33:8 ensuring 56:1 189:25 entail 97:24 enter 30:24 entered 55:24 enterprise 108:15 125:6 entertain 87:10</p>	<p>90:12 121:18 entire 54:3 59:17 75:2 78:8 entirely 183:2 entirety 164:17 entities 72:13 environment 85:10 117:12 117:12 126:15 126:18 127:10 128:14 envision 14:8 equates 199:12 equipment 131:6 134:17,19,22 135:5,13 equity 55:20,22 56:2,11 equivalent 11:10 ER 153:24 era 105:19 ERCPC's 134:21 Erie 127:9 especially 30:22 169:19 ESRD 167:11 172:10,11 ESRD's 72:10 essentially 113:12 175:4,9 establish 18:24 89:15 127:22 128:11 142:4 172:11 174:4 176:23 178:18 180:1 186:2 190:8 191:1 192:6 202:4 established 6:24 25:7 187:7 establishing 103:18 217:6 establishment 25:6 43:20 116:22 124:7 179:16</p>	<p>Estates 100:18 118:9 esteemed 14:16 estimate 74:24 137:6,21 estimated 97:25 199:1 estimates 9:13 137:12 138:18 139:22 et 180:5 ethnicities 187:6 EUS's 134:22 evaluate 113:2 216:23 evaluated 55:6 evaluation 217:12 Evanston 100:19 103:15 105:17 118:9,9 119:5 everybody 4:3 51:18 84:18 everybody's 209:2 evidence 195:19 evident 145:22 evolve 124:23 evolved 126:6 exactly 83:1 86:1 112:19,21 113:8 131:21 131:25 160:19 192:5 exam 135:4 examination 10:25 example 20:21 27:25 119:3 126:6 184:22 191:19 192:24 examples 23:12 exams 135:2,4,13 exceed 55:10,13 72:1 exceedingly</p>
---	--	--	---	---

<p>108:15 exceeds 119:3 Excellence 23:16 23:24 25:7,17 excellent 23:12 180:25 exception 168:14 exceptional 130:24 excess 62:23 81:21 97:7 102:20 104:12 108:15,19 110:15 111:24 117:1,24 118:16 119:19 123:22 152:15 168:18 excesses 133:2 exchange 216:25 217:13 excited 31:5 32:7 exclamation 58:10 exclusion 29:25 excuse 60:24 174:17 executive 23:2 24:14 25:20 29:14 34:21,23 35:8,10,17 49:5 164:12 210:5 exemplary 28:2 exemplified 78:10 Exemption 48:2 exist 27:22 114:19,25 171:15 187:4 existing 18:17,23 19:1,15 34:10 53:1 57:7,18 58:20 59:5,5 63:6 72:25 73:23 97:1,16 97:19,24 98:4</p>	<p>101:9 103:20 103:23 145:8 168:8 169:6,12 169:16,20 170:2,18 171:9 171:16 172:10 184:19 185:6 188:5 196:24 197:8,9 198:9 205:8 exists 19:1 98:15 exit 170:5,6 exits 170:3,4 expand 21:9 152:2 192:2 expanding 192:15,20 expansion 21:5 89:12 97:1 101:13 140:12 expect 46:20 54:12 113:16 138:4 143:7 144:3 171:16 expectation 202:1 expected 171:19 197:2 expend 123:21 expenditure 123:22 expense 164:23 expenses 90:6 164:22 expensive 214:10 experience 27:20 31:6 55:16 125:25 180:14 188:15 experienced 19:6 20:22 98:7 experiences 27:21 experiencing 187:18 expertise 160:15</p>	<p>explain 12:15,21 13:3,6 33:14 102:11,14 107:13 108:20 180:9 explained 13:4 75:13 108:14 191:24 explains 194:3 explanation 12:19 13:12,13 14:22 16:3 33:22 37:7 39:5 110:19,22 189:10 exploded 111:7 express 27:2 219:14 expressed 9:25 20:23 67:13 212:7 extatic 95:8 extend 32:12 extended 19:1 51:16,18 79:18 104:6 121:3,25 125:18 extension 47:25 92:2,2 102:17 extensive 55:15 extent 189:12 extra 60:8 86:14 102:20 extraordinary 196:9 ex-officio 2:7 183:5 eye 221:16 E-L-L-I-S-O-N 157:15 E-R-M-A-N 32:20 E-01 91:24</p> <hr/> <p style="text-align: center;">F</p> <hr/> <p>F 185:19</p>	<p>fabulous 222:2 face 140:17 149:1 faced 118:3 161:5 facilities 1:1,13 8:14 10:18 18:23,24 29:2 34:10 54:5,7,10 54:11 55:7,17 57:18 74:11,14 78:21 86:7,19 140:5 150:4 168:22 169:1 179:15 182:22 184:19 188:1 191:3 198:10 201:18 202:15 216:25 221:12 facility 8:22 18:9 18:16 19:2,4,8 19:15 29:16 41:7 43:21 53:2 53:3,7 54:3 56:12 57:4 58:18,22 59:5 59:23 63:19 66:3 68:4 71:17 73:23 74:11 76:25 78:9,17 78:18,18 79:2,2 79:4,4,8,14 82:11 86:14 96:24 97:2,4,16 97:19 98:7,7,12 101:10 103:16 103:18,19 105:5,18,18 112:6,11 115:11,22 128:12 129:20 131:1,18 132:24 133:13 134:9,10,12 140:10 141:2 142:5 145:7 167:11,13,22</p>	<p>169:1,2,3,6,13 169:16,20 170:2,12,17,18 171:1,3,9,16 172:10,11 174:16,17 175:25 176:4 179:16 182:23 183:11 186:7,9 186:20 189:15 190:10,11,19 191:1 192:6 200:9,16,17,19 200:20 203:16 211:13 212:15 212:18 facility's 78:23 103:20 fact 8:20 10:6,7 11:13 16:16 18:6 21:16 26:5 27:8 56:18 69:25 80:11 85:10 105:14 108:9 113:3 114:13 125:5 125:14,18,21 126:1,3,4,21 127:6,17 128:24 136:11 136:15 141:5,6 141:12 143:9 143:17,25 170:23 203:14 206:17,21 facts 66:17 108:10 factual 146:23 faculty 220:13 fail 169:25 failed 9:11 failing 194:3 fails 82:14 120:6 failure 135:13 failures 141:12 fair 48:21 98:3</p>
---	--	---	---	--

<p>114:21 161:6 195:23 fairness 208:14 fairs 27:18 Fairview 32:21 Faiso 31:12,13 faith 183:19 fall 4:7 16:9 133:18 falls 49:15 families 23:20 27:23 28:7 129:4 family 103:10 108:14 127:9 127:23,24 131:9 161:7 169:10 fantasy 110:6 far 111:9 136:2 170:7 201:2 208:18 219:21 farmers 161:6 farmhouse 140:15 fast 187:12 211:2 222:1 father 103:11 161:14 favor 35:5,6 40:23,24 42:12 42:13 52:5,7 70:17 216:4,12 216:13 220:10 221:15,17 222:14,15 fear 8:15 22:12 fearful 188:12 feasibility 63:8 80:14 feasible 68:2 75:2 February 42:25 46:7,21 federally 29:21 127:10 197:16</p>	<p>feedback 209:12 210:10 211:9 212:3 215:13 216:10 feel 65:23 113:12 118:19 126:16 129:10 feeling 188:1 feels 69:8 143:14 205:5 fees 86:15 feet 169:7,8 179:8,9,10 Feigenholtz 26:13 fellows 130:18 female 182:14 192:12,13 females 182:16 ferreting 75:16 fewer 11:12 160:6 figure 62:19 64:6 72:18 85:18 141:16 figures 84:14,17 file 124:4 167:17 filed 56:25 59:8 60:5 104:7 171:11 185:14 files 147:1 filled 74:8 Fina 178:13,13 185:17 191:5,6 191:7 final 16:10 35:19 208:6 217:20 finally 30:19 185:8 190:4 finance 56:7 76:16 financial 55:3 58:24 68:7,13 71:6 72:20 80:14,15 81:5 81:22 114:24</p>	<p>137:9 147:1 183:14 190:19 210:3 financially 68:2 75:2 76:16 223:14 financials 124:3 147:3 financing 55:16 56:14 71:9 75:3 75:14 76:14 92:4 137:15 208:1 find 13:5,8 30:21 105:5 118:4 126:12 160:10 171:3 209:3,25 212:9,15,18 215:13,23 finding 21:1 83:22,22 127:7 127:20 171:7 182:25 183:15 185:24 findings 56:22 83:14 93:23 101:15 104:1 120:16 138:12 147:10 157:9 158:6 167:20 167:20,21 174:23,24 175:1,3,10 184:16,18 189:5 Fineberg 127:21 finish 44:13 163:8 finished 59:17 Fireside 32:21 firm 28:6 first 4:6 12:1 19:13 21:20 29:19 42:20 43:4 53:11,16 57:3 58:3,17</p>	<p>68:9 72:3 84:15 103:7 110:20 112:19 127:23 128:4 132:11 133:10 147:23 149:5,10 153:5 153:11 168:4 170:4 174:1 180:7 185:21 188:21 204:12 208:1,25 fitness 128:13 five 7:15,17 15:3 22:18 33:17 82:13 97:5 100:9 103:17 108:18 109:20 110:21 111:13 111:16 115:21 116:4 130:8 134:8 135:5 168:9 175:20 175:22 179:5 182:20 183:9 184:15 189:25 221:9 five-bed 174:4 176:23 five-star 78:22 five-year 59:12 59:18,20 109:17 110:2,8 111:6 fix 75:19 flat 9:15 flawed 79:13 flexible 129:16 129:18 143:24 flight 19:6 flip 111:11 flipped 110:9,10 flooding 169:25 floor 1:1 105:3 115:16,18,19 169:22 170:5 191:5</p>	<p>floors 115:25 flow 56:6 137:19 flows 71:24 fluent 187:24 189:21 Flynn 123:16,16 137:9,11,16 138:25 focus 86:11 128:16 144:6 180:5 200:17 focused 7:7 32:6 Foley 52:18 53:15 93:4 folk 27:19 folks 119:7 follow 111:23 189:7 205:8 following 7:3 9:9 28:20 92:9 113:21 117:16 186:3 204:17 follow-up 64:17 188:17 food 142:11 193:3 212:12 212:19 foot 97:9 footage 196:12 force 198:9 218:5 forcing 198:13 forecast 143:6 forecasted 127:17 forefront 129:6 foregoing 223:6 foremost 174:1 Forest 26:20 123:4,5,25 124:14,18,24 126:14 127:1 128:8 129:1,5 130:3 135:25 136:20,20,22 139:14,17,18 139:20 140:2</p>
--	---	---	--	---

<p>144:10 form 105:7 107:3 109:6 199:18 210:17 forth 197:19 208:24 217:6 219:18 forward 4:10 16:21 18:6 20:8 43:6,7 68:7,19 92:10 108:22 145:16 148:2 189:13 197:22 208:22 220:5 found 12:16,18 55:1 179:13 209:10 foundation 25:5 151:25 153:1 155:13 194:25 Foundation's 154:10 founded 103:10 founder 29:13 four 7:18 10:13 19:20 28:22 31:5 57:7 73:1 78:20,22 92:16 93:11 103:17 109:20 115:15 120:4,5 158:11 158:12,19 179:5 182:20 183:10 189:23 214:14 fourth 38:25 93:15 four-bed 68:6 73:11,13 74:19 four-star 78:18 79:1,11 112:6 FQAC 154:10 fragmented 24:6 framework 174:15 Frank 2:18 35:18</p>	<p>37:1 38:24 40:14 41:3 66:16,22 67:3,8 82:19 102:6 116:23 117:5 117:10 120:8 frankly 9:11,15 free 127:6 Freeland 171:18 frequently 186:14 Fresenius 42:21 Friday 210:7 Friedberg 48:8,8 49:4,5 front 106:22 full 33:19 104:5 105:4 130:22 139:15 191:23 194:9 fully 23:11 104:14 130:19 132:11 183:20 191:13 functions 23:5 89:17 fund 76:12 fundamental 18:21 funded 93:19 funding 55:20 92:7 127:9 funds 54:8 55:5 55:14 78:16 123:21 further 14:22 37:6 39:4 118:6 141:24 144:8 159:6 185:10 223:12 Furthermore 55:22 fused 139:14,15 future 17:11 23:25 33:21 38:6 75:5 85:19</p>	<p>126:4 138:12 143:23 144:6 149:9,16 168:21 F-A-I-S-O 31:13 F-I-N-A 178:14 F-L-Y-N-N 123:17 F-O-L-E-Y 52:18 93:4 F-R-I-E-D-B-E... 48:9 F3 186:6</p> <hr/> <p style="text-align: center;">G</p> <hr/> <p>G 4:1 Gable 26:15 Galassie 5:18 36:12 219:5 game 128:21 Garcia 26:17 gas 5:8 141:13 gastroenterology 130:9 179:1 gathered 209:8 gender 57:8 180:4 189:22 192:12 gendered 182:17 general 2:17 15:12 43:20 101:14 144:2 179:2 188:13 generally 183:13 generated 182:9 197:14 generation 127:16 generous 192:11 Geneva 43:21 48:18,21 49:7 49:20 50:16 78:11 Geneva's 49:23 geographic 180:21 186:11</p>	<p>197:10 geographical 217:1 George 2:14 4:24 5:23 42:18,19 43:2,18 44:3 46:3,4,15 48:15 48:16 52:22,23 53:9 62:1,2,5 72:14 83:17 84:4,5 88:18,23 89:8,9 91:22 92:9 93:6,7,21 96:21,22 97:10 101:6,7,19 102:12,19,23 106:20 107:12 107:14 116:13 116:21 120:24 120:25 121:11 121:12 123:18 123:20 124:10 146:16,17 151:20,21 152:21 157:19 157:20 164:14 164:15 167:8,9 173:24,25 174:23,25 175:11 178:16 178:17 179:18 214:1,2,4 222:6 geriatrics 130:10 getting 74:15 75:4 153:8 161:3 208:1 GI 130:9 134:8 134:15,20 give 13:3 15:15 63:9 65:6 67:18 78:2 112:23 130:14 138:19 142:3 196:1 199:4 215:17 given 23:23 138:2 178:22</p>	<p>194:9 givers 30:18 131:5 gives 137:17 giving 38:6 66:4 glad 44:9 glasses 152:4 go 6:17 31:23 34:20,23 58:1 62:20 67:16 71:5 74:23 77:14 78:23 82:22 93:25 94:1,3 109:12 111:11 117:6 126:19,20 139:20 143:8 164:5 197:2 200:18 208:13 208:17 209:22 217:6 goal 18:12 75:18 125:11 128:3 129:17 192:14 192:20 208:2 goals 23:16 goes 58:13 114:19 186:5,8 going 4:3,17,18 4:20,23 5:13 6:20 7:11,14 8:15 13:14,16 32:25 33:25 34:2 49:25 50:4 51:14 59:17 63:18 64:15 66:15 68:10,14 69:18 71:4 75:4 78:2 80:25 81:23 82:25 83:5,10,16 85:19 86:24 87:6 95:4 99:12 106:13 112:23 112:23,25 113:14 117:22</p>
---	--	---	---	---

<p>117:25 118:2 119:7,15 143:16,22 145:18 148:6 153:12 154:6 154:12 159:5,5 159:13,17 160:7,23 161:23 163:24 164:2 197:11 197:21 198:19 198:20 200:9 200:17 204:5 210:19 211:2 212:24 215:14 217:19 218:12 good 4:2 6:13 9:1 10:17 11:17 12:8,10 14:13 17:1,21 19:23 20:17 22:23 24:12 25:22 29:12 31:12 32:17 44:5 45:18,22 49:4 69:22,23 88:12 97:12 100:17 123:8 124:12 130:2 136:8 143:3 147:16 152:23 157:6 163:22 179:20 191:6 198:19 213:3 Gordon 7:16,19 gotten 50:7 62:24 69:17 government 23:4 191:19 192:22 Governor 188:19 191:21 192:1 Governor's 192:18 210:8 210:10 gradually 105:21 Grand 167:12,14</p>	<p>grant 184:12 195:25 granted 8:8 51:17 grass 191:17 195:7 great 6:19 15:14 25:25 28:8 33:20 69:13 92:8 141:15 142:2 143:11 176:18 193:5 197:6 greater 20:5 106:11 153:13 174:13,14 187:11 greatest 128:1 greatly 6:13 24:1 202:11 Greiman 2:3 5:19,20 36:13 36:14 38:4,5 40:2,3 41:22,23 44:8 45:8,9 47:2,5,14,15 50:17,20 51:4,5 70:10,16,24 79:20,24 81:8,9 87:25 88:1 91:7 91:8 95:13,14 100:3,4 118:25 119:1 122:12 122:13 135:22 136:17,24 139:4,6,24 144:22,23 151:6,7 156:7 156:12,18,19 158:17,23 159:8,24 160:11 163:9 163:10 164:2 166:1,2 172:22 172:23 175:19 176:6,9,12</p>	<p>177:1,3,10,11 189:9 202:21 202:22 207:13 220:23 grew 199:6 gross 97:8 169:7 169:7 179:8,9 179:10 ground 137:25 138:4 group 32:11 106:21 110:17 180:23 187:17 217:4 groups 7:14 30:20 31:16,18 155:3 180:18 181:21 grow 11:3 growing 97:18 187:12 growth 9:12 11:25 143:10 144:4 Gruber 7:15 9:1 9:2 10:11 GSA 185:7 187:4 187:13,19 190:22 194:18 195:8 guard 26:4 27:3 27:25 28:1,5,9 28:15 29:18 30:3 31:3 92:10 92:11,12,12 93:9 94:10,12 94:14,15 95:8 130:14 Guard's 28:22 guess 70:6 71:5 72:15 94:22 guests 199:24 guidance 33:10 153:6 guidelines 7:3 80:6,7 217:20</p>	<p>guys 75:9 211:22 gynecologists 160:5 gynecology 124:8 130:10 179:3 G-R-U-B-E-R 9:3</p> <hr/> <p style="text-align: center;">H</p> <hr/> <p>Halel 193:3 half 4:20 50:2 74:13 124:25 141:7 159:23 196:20 hallway 125:23 Hammoduh 2:8 Hamus 49:20 hand 16:4 handed 210:3 handled 205:15 hands 26:23 happen 69:19 111:15 217:22 happened 70:6 85:13 happening 108:17 136:4 happens 136:12 176:10 happy 28:21 34:15 57:25 58:2 60:14 63:13 78:23 84:23 121:17 166:18 196:3 202:17 hard 13:23 60:16 65:21 142:18 142:22 160:17 201:12 222:6 Harmon 26:11 Harvard 8:1,4 haul 140:19 Hayes 2:3 5:2,3 36:15,16 37:13 37:15 38:11,12</p>	<p>39:11,13 40:5,6 40:19,21 41:12 41:14,24,25 42:10,11 45:10 45:11 47:16,17 51:5,6,6 52:4 79:22,24 81:17 81:18 85:3,21 86:5,22 88:2,3 90:22,24 91:9 91:10 95:15,16 100:5,6 118:11 118:14 119:14 119:15 122:14 122:15 137:1,5 137:14,24 139:25 140:22 141:1,20 142:14 144:7 144:24,25 150:23,25 151:8,9 154:24 154:25 155:5 155:10,18 156:20,21 161:20,21,22 162:8,12,21,23 163:11,12 165:13 166:3,4 172:17,24,25 177:12,13 202:23,24 206:9 207:13 207:14 212:21 213:18 216:1 217:8,24 218:2 218:7,14,19,23 219:3,6,10,23 220:2,24,25 222:13 hazards 170:11 HC 48:17 49:20 49:22 healing 128:14 health 1:1,13 2:14 10:18</p>
---	--	--	---	---

14:15 15:13 20:24 23:3,5,9 23:13,16,17,22 24:3,5,8,15,19 24:19,20,21,23 25:1,3,4,6,9,13 25:16,18 26:4,4 27:3,4,6,15,17 27:18 28:8,13 29:16,18,19,22 29:23 30:7,12 41:7 48:17,18 49:6,8 69:6 79:5 85:10,13 85:19 92:10 93:8,9,10 94:11 94:12,14,15 98:22 107:5 115:12 117:12 124:20,22 125:2,6,11 126:14,19,20 127:5,5,9,9,11 127:16 128:4,6 128:11,19,20 129:10,12 131:21 133:15 143:16 146:12 147:21 148:3,8 149:11,25 150:4 152:2 153:14,16,17 154:2,7,9,13,17 155:9,16 160:12 180:22 182:17 186:15 186:18,24 187:18,21 188:9,9,13,14 188:22 189:2 189:12,19 190:4 192:3,6 192:15,21 193:5,10,14,21 194:3,6,12 195:15 197:8	197:16 217:19 219:2 Healthcare 10:19 124:15 139:13 139:19 151:25 153:1 154:10 155:13 174:8 174:11 healthy 128:7,18 hear 26:22 27:21 70:15 72:15 92:8 153:8 208:5,11 209:1 heard 53:19 59:10 62:6,15 72:19 80:5 104:2 106:1 110:18,21 112:19,20,25 115:5 142:14 184:13 196:10 200:24 201:3 hearing 16:15 20:21 21:12 48:25 50:8 57:24 67:9,10 67:13,19 68:17 69:3,7 70:23 147:4 165:2 167:18 174:20 180:8 184:21 196:19 199:25 204:9,14,15,16 205:24 Heather 173:17 173:17 heavily 125:1 136:22 heavy 126:22 128:16 held 1:14 147:4 174:20 195:16 204:16 205:9 hello 6:7 help 25:11,17 27:18 30:21	54:9 58:21 87:1 97:17 98:21 106:7 127:5,15 128:8 131:11 135:7 153:9 160:4 171:12 197:23 210:23 217:11 helped 127:8 helpful 205:22 helping 127:19 Hernandez 26:13 hesitant 188:13 188:16,17 HFSRB 35:21 147:23 Hi 100:23 high 23:22 27:13 78:20 148:4 166:19 higher 98:12,15 114:5,5 136:2 160:20 199:19 highest 136:2 highlight 182:4 195:5 highly 129:2 136:16 hill 208:24 Hills 2:15,20 51:18 79:18,19 214:11 hinder 69:1 Hindus 32:2 hire 192:8 historic 22:14,15 132:24 historical 33:14 56:25 132:20 hog 68:5 hold 13:24 27:10 221:24 holder 14:14 46:11 holders 84:11 holder's 43:24	Holdings 96:24 holds 144:6 Holland 92:23,23 178:7 home 17:13 30:21 70:2 75:10 88:16 103:15 127:12 140:10 homes 69:5 77:14 109:22 129:4 Honey 48:11,11 49:8 92:25,25 honor 183:20 hook 197:4 hope 5:7 9:7 133:16 196:2 198:1,4 hoped 68:19 hopefully 56:6 217:21 hoping 197:22 horizon 109:17 110:8 111:7 horrible 216:10 hospital 8:9 10:21 11:8,12 11:18,20 12:3,5 12:10 14:15,23 15:17,24 19:22 20:1,2,6 21:18 22:3,9 24:24,25 27:9,13,24 28:16,17 30:3 30:10,15 37:3 45:19 46:10 48:21 49:14 57:2,3 87:5 91:25 92:13 93:13,14,16 94:11,13,16 109:21 120:13 123:4,23 124:18 125:13 126:2,6,10,14 126:19 128:8	128:10 129:5 130:3,4,8,8,16 130:23 131:3 131:20 132:1,4 136:1,12 137:7 137:25 139:9 140:4 142:15 144:11 145:21 146:20 147:2 147:18 148:4 149:6,8,9,21 150:6,19 151:24,25 152:25 155:1,2 155:8 156:3 157:23 159:11 160:14 162:17 164:8,13,20,21 164:22 165:9 165:12 204:12 hospitals 8:15,17 9:23 11:11,12 11:14 23:2 26:21,22 27:22 27:25 28:18,23 29:5 31:5,21 69:6,12 72:8 93:11 109:19 130:5 132:12 155:6 184:25 197:9 201:20 201:20 214:22 214:25 215:7 Hospital's 24:18 hospital-based 49:17 86:14,18 hotels 212:10 hour 4:14 hours 135:4,5 176:5 house 1:14 25:25 73:5 houses 169:6 housing 9:14 103:13 HPA 118:2
--	---	---	---	--

HSA6 98:20	199:15	implore 34:2	including 27:19	155:15 195:13
HSF 153:18	IDPH 2:13 107:3	importance	69:5 89:16	industry 75:10
hub 153:19	109:2 205:7	153:25 189:1	98:13 114:4	inefficiencies
HUD 44:7	IHA 204:18	important 21:19	125:17 130:9	169:4
Human 193:15	205:5 206:16	26:21 27:5	141:12 189:17	ineligible 105:9
195:2	II 125:14	105:14 136:8	190:18	infection 169:10
Humanitarian	IL 3:2	176:17 180:11	income 55:22	infer 111:12
194:25	Illinois 1:2,13,16	180:24 182:12	inconsistent	influence 145:6
hundred 108:18	8:1,4 9:4 11:14	193:19 202:13	113:6	information 4:15
hundreds 194:16	17:4 20:4 22:2	importantly	inconvenience	10:11 12:3
Huntley 9:5,11	26:1 29:16	23:21 28:5	170:10	15:19 16:18,20
9:14,20 10:1,6	74:12 103:12	30:19 153:14	Incorporated	71:25 81:22
10:15,21 14:15	104:21 135:23	153:24 154:15	94:13,16 147:3	82:21 120:10
14:23 15:17	151:25 153:1	168:13	incorporating	120:15 125:4
16:11 37:3	153:10,12	impossible 10:3	128:14	128:25 130:21
hurt 69:18	154:10,12	33:22	incorrect 174:2	146:23 147:2
Hutchinson	155:9,13,14	impressive	incorrectly	152:10 178:24
25:20	157:23 174:16	196:12	113:25	informational
Hutchison 22:20	174:18 184:6	improve 37:7	increase 9:13	4:5
24:16 193:7	188:23 191:2	39:5 170:19	54:13,19 59:6	infrastructure
Hylak-Reinholtz	193:15 194:12	181:1 186:8	89:21 90:18	131:9 141:11
178:5,6 181:6	195:2 197:17	190:15	98:5 107:25	initial 204:17
181:10,11	199:8,8,11	improved 25:2	111:10 117:7	205:9
200:23 201:8	204:12 211:16	202:12	132:25 168:17	initially 101:21
203:23	219:19 220:6	improvement	171:22	107:15
hyphen 178:6	223:4,23	140:20	increased 11:18	initiate 171:20
H-O-L-L-A-N-D	illness 128:7	improvements	25:9 61:21 79:6	initiating 7:12
92:24	146:19 148:12	97:25 123:25	98:20,21 194:6	initiative 194:8
H-Y-L-A-K	150:21 156:4	140:14	increases 149:2	injections 135:10
178:6	imagine 143:14	improving 24:4	increasingly 24:5	Inn 1:15
H-01 92:10 94:10	imaging 131:6	125:2,11	incur 18:23	innovation 24:1
H-02 92:11 94:12	135:12 140:19	186:24	incurring 58:19	innovative 24:8
H-03 92:12 94:14	immediate 78:11	Inadvertently	independent	141:16 153:9
H-04 92:12 94:15	immediately 16:5	18:5	8:20 49:23	inpatient 11:7
H-09 51:19	170:8	inappropriate	independently	20:11 21:10
H-13 151:23	immensely 69:19	111:13	17:9	22:6 24:2 25:10
H15 17:22	impact 8:18 9:22	inaudible 53:13	Indiana/Illinois	86:7 142:16
	11:21,25 34:9	53:14 161:12	31:16	143:8 152:2
	168:19 179:15	incentive 13:3	Indians 32:3	153:13,19
	182:22,23	inclined 118:19	indicates 27:22	154:19
	184:19,24	include 89:16	134:13	input 180:12
	202:15	130:17 194:24	indicative 78:6	181:23
	implementing	included 18:20	71:20	insensitivity
	138:14 150:3	18:25 188:10	individually	187:22
	implication 73:4	includes 158:11	71:20	inside 49:17
	implications 86:2	190:9	individuals 6:25	insight 33:20
			97:18 153:22	
I				
idea 199:1				
identified 169:1				
187:17,21				
190:21 199:11				
identify 7:10,12				
24:23 25:2				
146:1 199:13				

142:2 inspection 102:23 inspects 90:11 instance 76:7 Institute 194:1 institution 17:6 27:15 129:8 141:8 155:8 institutions 139:23 instruction 33:13 insurance 86:16 86:17 insurmountable 62:21 integrate 25:10 integrated 130:20 integrating 128:12 176:17 integration 129:10 intended 104:16 133:4 intends 183:20 intensive 154:3 intent 22:5 82:15 120:7 141:23 178:2,22,25 intention 149:8 interest 48:19 49:19,23 135:24 164:18 182:10 197:8 197:14 218:16 interested 200:7 218:18 223:15 interesting 59:11 72:20 126:12 140:8 142:23 Interestingly 104:1 interfere 125:11 interutilization 134:3	intervention 143:19 interviewed 217:4 introduce 123:6 145:25 178:3 intuition 12:1 invaluable 180:14 invasive 128:16 131:17 inventories 110:24 117:13 117:18 inventory 9:18 9:19 59:10,12 59:14,25 70:3 73:18,19 104:10 109:4,6 109:10,14 110:1,6 111:1,7 111:10,14,18 111:20 116:9 117:7 invest 26:23 125:7 128:24 131:25 132:3 143:22 invested 16:7 124:25 143:6 investigation 152:18 investing 143:14 investment 30:25 126:13 129:14 141:14 144:5 208:23 investments 125:4 invite 219:12 involve 148:7 involved 60:25 182:11 193:3 219:15 involves 104:17 in-patient 21:17	Irrespective 16:14 Islam 194:8 Islamic 196:14 196:21 Island 88:25 90:18 isolation 57:8 133:16 issue 56:18,21 60:9 63:12 64:13,16 82:3,5 102:15 105:15 108:9 117:25 188:24,25 206:11 issued 9:14 16:4 184:16 188:20 issues 25:4 55:2 57:7,8,9 59:3,4 63:4 67:25 68:10,14 114:24 154:1 169:10,11 193:7 212:10 item 7:5,11 15:17 33:25 42:20 43:4 133:10 189:1 items 4:5 42:18 55:23 179:12 179:13 IV 98:14 IVCH 162:6	86:24 87:8,22 91:4 95:4 96:16 96:16 99:22 106:7,18 107:1 107:4,9 108:5 110:11 111:21 112:21 113:8 117:21 118:12 118:18 122:9 144:19 149:19 151:3 156:15 161:2 163:1,4 165:23 January 44:1 181:18 210:24 215:19 219:9 Jay 89:3,3 90:2,3 91:21 Jean 6:6 Jeff 83:25,25 84:23 85:9,24 86:8 87:7 88:14 185:9,18,22 Jefferson 1:1 Jeffrey 178:11,11 185:20 197:6 198:15 199:4 200:14 201:2 jeopardy 78:11 Jesus 26:17 job 143:11 222:2 jobs 149:23 Joe 7:16,19 12:8 12:8 13:20 83:24,24 101:4 101:4 103:6 113:19,21 117:2,9 181:6 181:11 190:7 John 2:3 15:5 26:10 43:13,13 43:14 48:10,10 49:7,9 52:17,17 53:15 57:21,22 58:16 59:1 60:12 61:16	63:9 65:3,11,15 66:10,18,21 67:7 72:5 73:22 76:17 78:4 82:17 92:23,23 100:25,25 101:25 102:3,8 102:18 103:5 106:24 107:2,6 107:21,23 113:18 120:11 120:21,21 123:2 212:20 joined 49:7 joking 87:3 Jones 2:8 160:4 Joseph 178:5,5 181:10 200:23 201:8 203:23 Joseph's 120:13 121:23 JSMA 178:12 judge 13:24 14:2 14:18 15:20 16:16,20 50:19 78:16 160:11 163:9 204:25 220:23 judgment 16:19 judgments 38:8 Julia 157:7 162:17 July 15:22 44:1 68:9 178:24 181:14 211:4 215:21 June 20:6 117:15 117:15 138:23 188:19 211:1 215:21 Jung 146:3,4 147:19 jurisdiction 116:24 117:3 215:7 Justice 2:3 5:20
J				
		Jack 48:7,7 92:21,21 Jackson 157:16 157:16 162:3 James 2:4 5:12 26:17 36:9 37:24 39:9,22 41:19 45:5 47:11 51:1 62:14 80:19		

36:13,14 38:3,5 40:1,3 41:22,23 44:8 45:8,9 47:2,5,14,15 50:17 51:4,5 70:10,14,16,24 79:20,24 81:7,9 87:25 88:1 91:7 91:8 95:13,14 100:3,4 118:24 119:1 122:12 122:13 135:21 135:22 136:17 136:24 139:4,5 139:6,24 144:22,23 151:6,7 156:7 156:12,18,19 158:17,23 159:8,24 163:10 164:2 166:1,2 172:22 172:23 175:19 176:6,9,12 177:1,3,10,11 189:9 202:21 202:22 justified 134:5 134:14,15 justify 9:11 58:12 133:14 134:24 J-A-C-K-S-O-N 157:17 J-U-N-G 146:4	201:12 keeping 34:19 128:5 144:2 175:6 Keith 92:22,22 94:3 96:2 Kendrick 2:11 6:15,19 7:22 10:10 11:22 13:19 15:3 17:15 19:20 22:18 29:9 31:10 34:5 210:7,14 kept 78:14 Kevin 22:20 24:16 25:20 kid 161:12 kind 14:3 65:1 73:5 111:24 142:18,22 143:14 198:13 201:18 203:16 kinds 149:15 Kings 49:6,8 Kneen 96:16,16 knew 161:14 Kniery 52:17,17 53:15 57:22 58:16 59:1 60:12 61:16 63:9 65:3,11,15 66:10,21 67:7 72:5 73:22 76:17 78:4 82:17 100:25 100:25 101:25 102:3,8,18 103:6 106:24 107:2,6,21,23 113:18 120:11 Knight 178:7 know 12:24 13:21,25 28:19 30:8,11 31:2 33:25 54:1	58:11,11,13,17 64:7 69:14,19 72:10 74:1 83:6 83:21 84:25 85:13 86:15 111:2 113:17 117:11 118:2 119:10 131:21 137:1 142:15 142:18,24 145:8 159:12 160:3,8 161:14 180:14 196:13 196:20,25 197:2 201:2 208:3,21,25 209:2 210:11 212:6 218:19 218:20,21,23 knowledge 187:22 190:24 known 121:3 K-N-E-E-N 96:17 K-N-I-E-R-Y 52:18 101:1	144:10 219:1,2 land 55:18 75:1 142:2 Landek 26:12 landlord 55:8 71:18 72:11 language 186:17 205:8 languages 187:25 large 108:15 187:14 189:12 200:25 203:8 largely 78:6 larger 168:25 170:18 largest 20:3 31:15,15 127:3 197:16 Larry 26:18 146:11,11 152:23,24 155:4,11,22 LaSalle 162:10 lastly 98:18 135:10 179:12 late 88:20 161:3 lateral 140:16 latest 131:16 204:7 Latino 29:24 30:8 Laughter 71:1 law 85:22 109:16 161:8 182:5 201:24 204:25 Lawler 14:13,14 15:2 Lawn 83:13 84:9 laws 117:13 lay 25:5 Layaturno 15:5 layer 154:12 layering 154:3 layouts 74:25 lays 18:12 lead 133:18	leader 24:7 193:1 leaders 28:18 191:19 195:8 leadership 30:15 leads 194:6 League 195:1,1 learn 23:15 180:21 learning 180:14 lease 19:1,3 72:10 leave 21:14 70:4 77:14 172:5 leaving 4:10 53:20 led 111:10 Lee 96:18,18 left 18:6 167:16 legal 7:2 41:4,6 147:22 178:7 181:6 legislative 210:6 210:9 legislator 26:6 legislators 26:9 length 135:4 143:11 lesser 182:23 letter 12:25 88:21 146:24 183:14 191:20 191:22 193:1,8 193:18,23 194:14,20 204:11 206:12 206:16 letters 48:23,23 58:7 89:23 97:6 121:10 152:7 158:1 165:1 167:18 174:19 185:3,14,15,17 191:12,14,17 192:19,22 193:16 195:4,7 195:11 198:18
<hr/> K <hr/> K 3:2 223:3 Kari 45:24,24 46:17 136:6 Kathy 2:2 keep 4:14 7:3 22:14 64:15 124:21 153:4 160:17 163:24 164:2 191:10		<hr/> L <hr/> label 113:14 lack 98:10 125:22 186:16 186:18 187:21 188:6 Lake 9:3 11:20 27:4,9,11,15,24 28:15,17 92:11 93:13 94:13,24 123:4,4,25 124:14,18,24 125:3 126:14 127:1,5,6,18,25 128:7 129:1,5 130:3,4 135:25 136:20,20,22 139:13,16,18 139:20 140:2		

<p>letting 116:3 let's 11:6 159:10 212:13 level 27:14 106:9 130:11 154:17 154:18 159:2 levels 78:20 leverage 137:18 liaison 218:11 libertarian 81:10 licensed 73:23 74:4 75:19,23 76:18 107:8,15 107:15 licensee 71:18 licensure 97:22 life 131:23 143:21 168:11 169:13 170:14 liked 206:19 Likewise 132:21 limit 54:6 78:24 138:20 limitations 125:10,17 213:5 limited 7:4 16:17 76:10 Lincoln 42:24 Lindquist 96:18 96:18 line 13:1 71:10 141:13,13 153:16 171:4 188:5 222:5 lines 68:3 169:17 linguistically 193:21 link 125:7 list 106:20,22 listed 7:5 179:13 listened 62:22 literature 189:8 Litigation 3:3 little 29:20 51:14 57:2 61:1 65:16</p>	<p>109:18 110:17 142:23 161:2 161:10 185:10 199:19 208:18 live 8:1 27:19 77:5 109:23 128:6 135:24 180:20 lived 161:15 lives 131:11 living 17:9 97:20 97:21 104:22 115:13 159:15 LLC 48:18 96:23 96:24 164:17 178:12 Lloyd 22:21 loan 92:6 local 16:7 23:4,5 27:22 28:18 136:1 175:25 located 18:9 48:20 154:11 157:22 162:9 167:11 location 18:17 168:10 170:22 214:17 locations 211:11 215:15 locked 211:12 logistical 169:4 170:13 long 34:22 80:20 108:19 118:9 171:2 191:9 213:19 longer 10:2 128:4 141:18 159:21 long-term 23:21 43:21 53:1,1 55:7,17 56:3,15 62:18 66:20,24 72:6 76:13 80:12 97:1,2 98:22 99:14</p>	<p>101:9,9,14 108:12,16 113:15 116:11 117:24 140:10 148:20 216:18 216:22,25 217:3,11,25 218:11 long-time 193:7 look 13:21 14:6 20:8 62:20 71:8 71:8,19 137:19 141:8 142:7 143:4 145:16 152:10 154:3 159:1,6,20 201:19 209:12 209:18,25 212:18 213:4 214:19 looking 8:5 73:9 81:4 85:15,16 85:25 106:24 106:25 108:4 108:22 115:19 154:7 161:9 189:12 198:3 205:11 209:7,9 212:15 215:25 219:16 looks 149:1 lose 160:17 losing 159:17,18 159:23 loss 169:18 lost 8:10 lot 5:8,13 69:11 83:9 113:23 119:6 161:6,18 182:9 197:13 201:11 209:8 212:6 Louis 3:4 20:5 lower 18:18 114:4 lowest 154:18</p>	<p>luck 6:13 45:18 88:13 100:17 157:6 163:22 lucked 111:17 lunch 4:11,14 83:1,3,7 L-E-E 96:19 L-I-N-D-Q-U-I... 96:19 L.P.N 176:4</p> <hr/> <p style="text-align: center;">M</p> <hr/> <p>MacNeal 30:3,9 30:15,20 92:13 93:16 94:16,25 Madam 7:24 9:1 17:1 25:23 28:24 35:18 37:1 40:15 42:19 43:1 44:2 44:5 46:4,13 49:1 52:23 53:8 53:12 60:4 63:11 82:7 84:5 88:18 89:9 90:2 91:15,22 93:7 93:20 96:22 97:9,13 101:7 101:16 103:2 119:25 120:25 121:12 122:20 123:20 124:9 124:16 138:16 145:11 146:17 147:12 151:21 152:20 157:20 158:4 161:20 164:15 165:2 167:9,24 173:5 174:20 178:17 179:17 185:20 200:14 203:10 207:20 220:11 221:6 Madina 32:21 mailed 46:6</p>	<p>mailing 46:6 146:22 main 140:8,18 141:11 maintain 7:2 60:17 127:7 148:15 159:2 183:11 maintained 27:13 maintaining 21:10 27:14 54:20 55:16 maintenance 135:6 major 73:14 108:9 117:14 202:14 majority 49:15 72:6 73:15 79:8 103:14 making 60:15 71:7 79:8 86:4 123:24 134:18 158:18 159:9 184:6,11 196:24 197:5 200:25 204:7 204:21 maldistribution 168:17 malfunction 134:20 manage 133:17 managed 54:17 176:15 management 31:15 134:9,14 179:2 manager 2:14 191:8 managers 71:22 managing 143:11 mandates 205:1 manner 98:23 194:4</p>
---	--	--	---	---

Manor 43:4,6,14 44:20	200:20	79:2	meet 24:23 55:10 55:13 71:20,25 133:9 170:1 180:18 190:2 192:7 203:5 210:8 215:8 217:20	28:24 29:16 33:17,18,20 40:15 44:6 53:12 71:22 83:19 85:2 87:10 92:14 103:2 106:6 124:16 150:16 158:16 163:23 179:21 185:20 191:15 192:18 195:9 203:23 212:7 218:8,8
mansion 136:5,6	Matthew 2:8 123:16,16 137:11,16 138:25	Medicaid 20:3 28:3 31:18,20 54:4,6,12,16,20 105:10,11,12 105:13 121:5 190:12 192:10 200:7	meeting 1:9,12 4:19,23 6:21 7:6 9:19 34:19 34:22 35:9 42:8 53:19 55:4 59:11 67:20 68:11 83:6 104:4 111:15 178:23 180:5,8 184:15,22 187:10 189:9 197:18 208:10 210:2,17,24,24 210:25 211:1,4 211:5,6 213:12 213:17 214:7 215:12 216:11 217:13,21,22 219:9 221:22	Memorial 20:1 92:11 93:12 94:11,24 120:13 121:23 125:8 136:15 137:17 139:17 139:18 157:8 162:17
map 13:4 135:23	Mattoon 42:24	medical 8:18 18:8 19:6,7 29:14,20 30:21 41:7 42:21,24 48:3,19 49:11 50:16 57:1 81:10 83:13 84:9 86:3 87:11 88:25 90:18 93:15 94:14 98:13 104:23 123:24 124:7 127:12,14 129:25 130:17 130:18,20 131:19 140:11 153:25 171:18 194:15 200:8 203:15	meetings 4:17,18 4:21 6:21 35:3 111:16,16 211:8 213:19 214:13 215:15 216:7,17 219:7 219:7,13	Memorial's 20:13
March 85:22 170:25 174:9 210:24 215:20	mayor 15:6 21:25 22:1,17 26:18,19,19 69:12	Medicare 31:18 53:7 54:4,16 63:3 69:24 80:21 97:5 112:4 121:5 168:12 170:15	meets 168:11,13	mental 20:24 23:3,5,9,15,22 24:3,25 25:6,16 146:19 148:8 148:12 149:25 150:20 152:2 154:7,8,13 156:4 160:12
Margaret's 162:1	Maze 43:13,13 43:14	Medicare's 80:7	Melissa 22:19 24:12,13	mention 128:2 184:24 195:9 212:22
Maria 20:22 147:8	ma'am 62:2 77:1 175:11	medicine 8:14 127:21 129:3 134:23,25 135:16 141:19 194:8,19	Melrose 26:18 93:14 94:13	mentioned 129:23 190:8 195:22
Mark 15:4,5,6 17:21,22 19:23 19:25 21:25,25 29:11 32:17,19 34:6 164:11,11 166:14,17,22 178:11,11 185:9,18,20,23 197:6 198:15 199:4 200:14 201:2,13,25	McAFEE 123:8 123:9 124:12 124:13 136:7 136:19 137:4,8 137:20 138:1 138:16,24 139:1,12 140:6 140:24 141:3 141:22 143:2 145:17	med/surg 9:21 med/surge 121:24 144:2	members 2:2,7 6:3 9:2 10:1,2 15:21 17:2,16 19:16 25:23	merger 27:3 28:20 29:1 137:17 139:15
market 30:25 48:21 85:20 98:3 105:19 114:21	McCULLEY 146:11,11 152:23,24 155:4,11,22			merit 62:9 80:24
marketplace 129:19	McHenry 8:10 8:19 9:16,21 11:2			met 132:11 133:5 161:14 186:4 189:25 197:15 214:21,24 219:11
Martin 26:11	Meadowbrook 43:4,5,13 44:20			
Mary 57:2	mean 61:17 62:20,21 63:2,7 69:24 83:16 86:2 117:13 118:3 200:10 217:16 222:2			
Maryann 146:5,5 147:16,17 149:10,14,24 150:8 155:7	means 56:11 128:12			
mass 75:25	meant 189:11			
master 138:11 144:11	measure 79:10			
match 72:3	measurements 78:19			
materialize 9:12	measures 78:22			
materials 18:20 113:1 124:5 135:11				
maternity 160:6				
math 106:8				
Matt 137:8				
matter 16:16				

<p>methodology 59:17</p> <p>methods 130:15</p> <p>metro 11:9 20:3 23:14 24:6 25:12,18</p> <p>metropolitan 124:8 132:13</p> <p>Mexican 29:24</p> <p>Michael 75:11 123:10,11 129:25 130:2 193:12 218:25 219:11 222:9</p> <p>microphone 129:24</p> <p>mid 90:9 111:2</p> <p>Midwest 3:3 194:15</p> <p>Mike 2:8 26:14 160:4 209:7 222:7</p> <p>Mikkelson 146:13,14 153:3</p> <p>miles 162:2,3,5,6</p> <p>Miller 173:21,21</p> <p>million 19:2 32:10 43:23 48:22 49:24,25 50:1,2,5 53:4 55:18 56:10,10 56:12 61:3,13 63:23 68:21 74:25 76:14 84:12 97:4 98:1 101:11 124:2 137:13 142:20 142:21,22,25 152:4 159:23 167:15 174:7 178:21 179:6 183:13 196:20</p> <p>millions 16:7</p> <p>mind 7:3 59:4 170:14,23</p>	<p>mindset 33:1</p> <p>mine 30:20</p> <p>minimal 131:16</p> <p>minimally 54:13</p> <p>minimize 131:4</p> <p>minimum 28:23 69:15 123:22 132:12 153:4 212:12 213:8</p> <p>minor 134:11,14</p> <p>minority 187:12 187:17</p> <p>minutes 4:13 7:4 34:20,22 42:7 42:17 131:22 155:21 168:10</p> <p>misleading 61:1</p> <p>misreading 106:15</p> <p>missed 6:13 206:20</p> <p>missing 20:19</p> <p>mission 22:10 23:7 30:2 131:20</p> <p>mistake 106:20 107:11</p> <p>mistaken 14:16</p> <p>misunderstood 66:10</p> <p>mix 184:1</p> <p>Mm-hmm 218:4</p> <p>MO 3:2,4</p> <p>model 104:19,23 104:24,24 148:18 174:11 175:5 176:15 176:17,18</p> <p>models 30:12</p> <p>modern 141:2 168:11</p> <p>modernization 11:17 46:9 52:25 57:15 66:23 89:11,13 89:14,15</p>	<p>modernize 65:18 74:20,22</p> <p>modest 140:20</p> <p>modesty 189:23</p> <p>modification 66:19 67:6,14 70:22 77:19 97:23 138:13 181:17 182:19 183:12</p> <p>modifications 85:6 140:3,4</p> <p>modified 181:24</p> <p>modify 181:2,23</p> <p>modifying 85:16</p> <p>Molitor 101:2,2 103:5 107:19 107:22 112:5,9 112:15 115:3</p> <p>Monday 88:23</p> <p>money 5:8,13 158:18 159:10 159:17,18</p> <p>monitor 203:17</p> <p>monitoring 169:17</p> <p>monopoly 8:8</p> <p>month 16:12 68:18 104:2 106:1 108:19 114:2,7,9,14,14 180:17 214:1,2 214:3</p> <p>months 16:23 44:8,11 45:20 57:4 60:9 68:18 68:18 85:7 98:9 98:16 102:5 103:24 105:5</p> <p>morning 4:2,20 7:20 9:1 10:17 12:8 14:13 17:1 17:21 19:24 22:23,25 24:12 25:22 29:12 31:12 32:17</p>	<p>44:5 45:22 49:4 88:23 97:13 112:20 154:8</p> <p>Morrison 88:16</p> <p>motion 34:23,25 35:19,22,23 36:1,2,24 37:6 37:10,14 38:22 38:25 39:4,7,12 40:12,16,20 41:2,4,6,9,11 41:13 42:6,7,9 42:16 44:19,23 45:17 47:1,4,24 50:15,19 51:13 51:24,25 52:2 52:10 79:17,23 82:14 87:10,13 87:15 90:16,21 90:23 91:19 94:10,17,19 95:25 99:7,8,13 99:15,17 118:7 118:8,13 120:6 121:22 122:3 122:24 144:9 144:15 145:15 150:18,24 151:18 156:2,8 157:5 162:16 162:22 163:21 165:8,17 166:12 172:8 172:16 173:9 176:21 177:2 177:22 202:3,6 202:8 203:21 206:3,6 207:1,4 207:6,21 215:14,25 216:16 219:18 219:22 220:1,3 220:4 221:10 221:11,21,23 222:10</p> <p>motions 36:25</p>	<p>38:23 88:12</p> <p>move 16:21 21:17 22:6 51:15 63:13 68:7 70:10,11 73:14 74:1 86:18 94:7 121:21 125:16 142:3 165:5 181:12 216:9 219:18 220:5</p> <p>moved 37:12 39:9 40:18 44:21 47:2,2 50:17 79:20 114:6,14 115:1 118:11 144:12 150:22 156:6 162:20 165:13 172:12 176:25 206:8 207:2 213:15 216:1 219:23 221:13 222:12</p> <p>movement 196:14 197:12</p> <p>moving 6:11 42:17 43:3 65:20 73:20 142:10 149:7 197:19,25 204:1 216:6,11</p> <p>MSA 124:7</p> <p>multiple 56:14</p> <p>multispecialty 165:10 178:19 180:1 202:5</p> <p>Mulvihill 84:1,1</p> <p>Munoz 26:11</p> <p>Murphysboro 120:13 121:24</p> <p>Muslim 180:6,19 180:20 181:5 181:22 182:16 183:19 186:14 186:23 187:8</p>
--	---	---	---	---

187:11,16,23 188:4,11,20,23 191:18,21 192:3,8,16,21 193:4,6,9,22 194:4 195:17 198:8 199:2,12 199:13,20 203:8 Muslims 32:2 199:9 M-A-R-K 19:25 178:12 M-A-R-Y-A-N... 146:6 M-A-Z-E 43:14 M-C-A-F-E-E 123:9 M-I-K-K-E-L-... 146:14 M-I-L-L-E-R 173:22 M-O-L-I-T-O-R 101:3 M-U-L-V-I-H-... 84:2	names 7:18 83:23 92:19 96:8 146:1 166:25 173:15 178:4 Nancy 87:1 89:5 89:5 90:4 Naperville 45:20 46:10 Naser 178:9,9 179:20,22 Natan 51:22 52:13,13 53:11 53:12,24 60:4 60:21 61:5,10 63:11,19,25 64:3,9,22 67:2 67:22,25 71:12 71:15 73:3,8 74:6,10 75:18 75:25 76:5,11 77:1,4,6,13 nation 197:17 national 153:16 180:4 nationally 129:9 nationwide 93:19 native 5:6 natural 126:18 128:14 near 21:18 nearing 90:7 nearly 10:13 127:12 necessarily 22:4 necessary 12:5 19:12 27:6 134:18 138:3 186:8 190:15 need 6:10 7:1 9:17 12:3 17:6 18:11,22 19:9 25:2 27:22 28:1 28:14 32:10 34:8 51:24 56:17,20,20 58:8,14,17 59:6	59:8,9,22,23 60:8,10 61:8,12 61:13,20 62:7 62:17 63:2,4 65:9,16 68:16 68:24 70:8 71:5 73:5,18 74:7 80:6,8,11 82:2 98:19 101:13 102:16,19,20 103:15,23 104:11 105:16 109:1,1,11 111:8 113:24 119:7 128:1 129:19 131:17 133:16 134:1 137:22 143:23 152:4 164:4 169:2 180:22 184:18 185:24 195:14,19,23 197:3 205:20 210:18 220:9 needed 56:19 57:11,15 60:13 69:23 80:13 82:10 116:19 131:6,23 135:8 176:3 180:10 Needham 3:2 223:3 needing 17:11 needles 169:18 needless 125:23 needs 24:23 30:24 31:24 32:6 55:6 70:1 81:21 98:17 104:9 134:17 141:10,25 152:12 180:6 180:22 181:5 185:12 186:17 187:2,7 188:3 190:17 192:8	193:6,14,22 194:22 196:18 198:1 211:10 negative 9:22 59:15 82:13 95:24 100:15 101:15 104:1 104:10,13,13 114:24 120:5 122:23 145:14 147:9 151:17 157:4 158:6 163:20 166:11 167:19,20,21 171:7 175:1,3 177:21 182:25 183:15 184:16 203:20 204:20 negatively 8:18 negatives 132:7 negotiations 217:18 neighbors 31:4 32:22 neither 223:9 Nelson 2:14 4:24 4:25 5:2,4,10 5:16,18,22,25 6:2,4 36:2,6,8 36:10,12,15,17 36:19,21,23 37:14,18,22,25 38:3,10,13,16 38:18,21 39:12 39:16,20,23 40:1,4,7,9,11 40:20 41:13,16 41:18,20,22,24 42:1,3,5 44:23 45:2,4,6,8,10 45:12,14,16 47:4,8,10,12,14 47:16,18,20,22 50:19,23,25 51:2,4,7,9,11 79:23 80:2,17	81:1,7,16,19,24 82:7,12 87:15 87:18,21,23,25 88:2,4,6,8,10 90:23 91:1,3,5 91:7,9,11,13,15 91:17 94:19,21 95:1,3,10,13,15 95:19,21,23 99:17,21,25 100:3,5,7,10,12 100:14 118:13 118:17,21,24 119:13,17,21 119:25 120:4 122:3,6,8,10,12 122:14,16,18 122:20,22 144:15,18,20 144:22,24 145:1,3,10,13 150:24 151:2,4 151:6,8,10,12 151:14,16 156:8,11,14,16 156:18,20,22 156:24 157:1,3 162:22,25 163:5,9,11,13 163:15,17,19 165:17,20,22 165:24 166:1,3 166:5,7,10 172:16,19,22 172:24 173:1,3 173:5,7 177:2,5 177:7,10,12,14 177:16,18,20 202:8,18,21,23 202:25 203:3 203:10,19 207:6,9,12,15 207:18,20 220:1,17,20,23 221:1,3,5,8 222:1,4
N				
N 4:1 name 7:25 8:3 9:2 14:13 15:7 15:11 17:2,22 19:25 21:25 22:24 24:13 25:23 29:13 31:13 32:19 43:9 45:23 48:6 49:5 52:11 83:17 89:1 90:3 93:3 96:10,24 100:21 120:18 123:7,8,10 124:12 152:24 157:10 164:9 168:2 179:22 191:7				

<p>nephrology 130:10 net 9:21,23 21:6 55:22 152:10 network 153:15 194:24 neurology 130:15 never 132:15 184:24 new 9:17 10:21 11:19 12:3 15:24 18:24 20:2 59:13 67:4 70:3 75:5,6 76:9 103:18,21 104:20 110:1,2 110:10 117:16 123:23 125:1 126:10,11,13 128:7 129:4 131:3,13,15,20 132:24 133:13 137:25 140:5 142:4 145:7 148:14 170:12 170:16,17,22 179:16 210:2 212:24 newly 26:19 104:10 News 130:6 Newton 164:11 164:11 166:14 166:17,22 nicely 126:22 nicest 141:4 night 26:7 nights 87:6 nine 154:11 nine-story 84:8 NLFH 132:15 133:25 134:7 noncategories 133:9 noncompliant</p>	<p>179:14 nonconformance 202:14 nonexistent 80:11 nonqualified 183:1 non-Centegra 8:19 non-for-profit 22:8 Normal 211:16 211:18,19 214:14 215:20 215:22 norms 55:4 north 3:4 142:4 167:12 Northwestern 123:4 124:13 124:15,24 125:8 126:13 127:1,21 128:7 129:3,4 130:3 136:15 137:17 139:8,13,16,17 139:17,18,19 143:6 144:10 194:18 notable 34:9 194:23 Notary 223:4,22 note 46:5 83:13 92:5 98:18 120:15 136:9 146:21 152:13 172:4 181:13 189:4 noted 56:2 60:22 191:11 notes 43:22,23 53:4 89:22 97:4 101:14 124:2,5 129:22 133:8 167:15,19 178:21 179:12</p>	<p>nother 66:2 noticed 20:18 noting 126:25 not-for-profit 155:12 November 211:7 213:16 215:23 217:22,23 221:22 nuclear 134:23 134:25 135:15 number 9:6 13:9 13:10 17:16,19 18:10 19:21 35:21 39:2 54:6 54:13,20 55:3,5 67:4 72:25 74:17,18 75:24 79:7 84:7 89:11 94:22 104:25 106:11,12,12 108:11 111:9 116:14 117:8 119:3,10,11 132:19 134:4,6 134:13 135:15 136:14,21 148:6,15 151:23 158:20 159:3,5 160:13 160:14,19 166:23 168:18 174:1 175:9 179:4 182:4,15 182:19 191:11 191:13 199:17 numbers 84:19 108:10 109:3 114:6 179:15 183:6 184:10 196:19 numerous 118:1 152:6 nurse 147:19 nursing 17:5 32:21,22 35:20</p>	<p>57:18 69:5 70:2 75:10 77:14 97:15,20,22 98:6,19 103:21 103:23 105:7 105:17 108:2 109:21 140:10 N-A-S-E-R 178:10 N-A-T-A-N 52:14 N-E-W-T-O-N 164:12</p> <hr/> <p style="text-align: center;">O</p> <hr/> <p>O 4:1 Oak 83:13 84:9 93:15 94:15 OB 144:1 158:10 163:3 object 104:9 114:6 objected 69:7 objection 17:24 18:2,3,10,12,14 18:20 34:8 83:20 92:13,14 216:10 objections 92:17 obligate 138:11 obligated 43:22 obligation 92:1,2 201:21,24 obligations 190:2 201:13 obstetric 132:22 132:23 obstetrician 160:13 obstetricians 160:5 obstetrics 157:22 162:18 179:3 obtain 18:16 182:16 189:21 193:10</p>	<p>obtained 18:17 18:18 56:14 obviously 63:17 83:16 202:11 OB/GYN 182:8 182:14 occasions 80:21 occupancy 77:10 98:9 167:22 occupiable 138:6 occur 169:25 occurring 85:18 occurs 110:25 111:3 October 16:12 170:24 211:6 215:22 Odacre 89:5,5 90:5 odd 76:4 117:24 offer 29:1 32:20 33:22 130:16 184:7 195:20 offered 29:5 33:1 110:22 180:25 201:23 208:4 offering 203:14 offers 190:22 office 6:6 9:3 18:8 48:3,20 49:11 123:24 210:8,10 officer 90:4 103:5 129:25 137:9 152:25 153:2 164:13 offices 31:17 49:16 officials 6:23 26:16 191:19 192:23 offset 58:21 Oh 5:14 48:15 64:12,14 66:10 72:19 82:23 99:8 160:25</p>
--	---	---	---	--

172:13 207:3 211:17 219:10 221:24 okay 7:21 13:4 36:2 38:10 42:17 49:2 61:15 63:15 66:13,14 67:3,8 71:15 76:23 79:17 82:22 83:19 84:18,21 86:22 88:24 92:18 94:5,9,22 95:10 96:4 119:25 120:12 121:22 136:24 144:9 145:10 159:24 165:17 173:12 175:8 176:12,20 202:3 204:1,9 205:23 207:6 207:13 210:1 210:16,18 211:15 215:14 216:12,20 218:2,14 219:3 219:6,17 220:15,17 221:5,10,21 old 10:13,23 75:4 119:10 141:11 161:11 196:22 207:22 210:1 older 79:4 104:19 119:6 Olson 2:2 4:2,25 5:1,24 6:4,9,17 7:17,21 8:2 12:7 14:11 15:1 15:9 16:24 17:14 19:19 21:23 22:17 25:21 29:7 31:9 32:16 34:17 35:2,5,7,16,22	35:25 36:4,21 36:22,24 37:10 37:16 38:18,19 38:22 39:7,10 39:14 40:11,12 40:16,22,25 41:2,9,15 42:5 42:6,11,14,16 43:2,8 44:3,15 44:18,25 45:16 45:17 46:3,15 46:22,25 47:6 47:22,23 48:14 49:2 50:11,14 50:21 51:11,12 51:24 52:3,5,8 52:10,22 53:9 53:23 57:21 58:4 60:2,19,22 61:15 62:1,3,12 62:25 63:15,23 64:1,7,10,14 66:14 67:15,24 69:21 70:13,19 71:2 72:17,23 75:8 76:23 77:2 77:5,7,11,17,24 79:16,21,25 82:8,9,14,22 83:5 84:4,18,21 85:1 86:23 87:9 87:17 88:8,9,11 88:15,22,24 89:8,25 90:13 90:25 91:15,16 91:19 92:8 93:6 93:21 94:5,9,21 95:21,22,25 96:4,21 97:10 99:5,8,11 100:12,13,16 101:6,17 102:1 102:10,13,22 102:25 106:5 107:12 108:3 112:3,7,12,17	113:20 116:5 118:6 120:1,2,6 120:12,24 121:11,14,19 121:22 122:5 122:20,21,24 123:3,18 124:10 135:20 136:25 138:8 138:21 139:3,5 144:8,14 145:11,12,15 145:18 146:16 147:14 148:23 150:15 151:14 151:15,18 152:21 154:23 155:19,25 156:10 157:1,2 157:5,19 158:5 158:15 160:1 160:21,25 161:19,21 162:7,14 163:3 163:17,18,21 164:4,6,14 165:7,15,19 166:8,9,12,20 166:23 167:8 167:25 168:5 172:2,13 173:5 173:6,9,12,24 174:22 175:8 175:12,17 176:13,20 177:4,18,19,22 177:25 178:16 179:18,21 196:6 198:5,23 200:1 201:1,5 201:15 202:2 203:11,12,21 204:1 205:19 205:23 206:5 206:12,22,25 207:3,20,21	210:1,12,16,22 211:4,17,22 212:2,13,20 213:2,7,11,15 213:23 214:16 215:11,19 216:3,8,14 218:12,15 219:11,24 220:4,10,15 221:6,7,10,15 221:18 222:4 222:14 Omar 191:21,23 192:17 once 8:21 29:6 56:21 62:7 74:18,23 76:13 139:21 142:6 210:9 oncology 126:7 one's 73:13 one-star 78:18 79:4,9 ongoing 55:21 56:4 online 160:10 open 6:21 35:3,9 35:14 58:2 65:24 83:18 121:15 135:18 201:6 opened 49:13 operate 32:14 49:17 54:24 105:20 130:11 133:24 operated 155:8 operates 98:8 operating 90:4 103:5 131:7,15 131:24 134:5 152:24 153:2 171:11 operation 56:4 58:24 103:10	127:8 133:24 operational 55:22 76:21 117:14 169:4 170:13,19 operationally 76:16 operations 55:8 55:21 56:1 59:3 137:19 operator 71:17 72:9 opinion 108:23 opponents 14:16 16:14 20:21 opportunities 13:10 opportunity 6:23 8:11 10:19 12:9 15:14,15 19:24 24:6 26:1 28:25 32:18 33:10 49:10 53:21 65:7 67:9,13,19 78:3 82:20 108:22 120:9 126:11,16 180:18 185:22 196:1 oppose 185:2 opposed 22:4 40:25 41:1 42:14,15 52:8,9 185:7 202:10 216:14,15 221:18,19 opposition 18:7 48:23,24 50:9 57:24 83:14 89:23 93:22 120:16 121:10 146:23,24 147:8 157:8 158:2,6 165:1 167:16 174:19 175:9 185:4
---	--	--	--	---

<p>191:12 optimal 125:24 135:14 option 186:13 189:21 oranges 201:19 order 4:23 35:14 37:2,9 55:19 75:3 76:12 82:23 83:6,11 125:15 133:14 133:17 organic 143:10 organization 86:3,14 115:24 180:19,23 194:16 organizations 154:7 181:22 190:6 191:18 195:7,14 198:17,22 origin 180:5 original 65:19 67:5 81:11 82:23 89:21 179:8 181:24 184:17 originally 60:5 106:1 148:8 Orland 178:1,20 180:2 194:12 195:3 202:4 Orth 123:12,12 132:6,8 orthopedics 130:11 179:2 182:8 OR's 182:20 183:10 ought 113:13 Ourth 7:16,19 12:8,9 13:20 14:11 33:1 83:24,24 101:4 101:4 103:6</p>	<p>113:21 117:2,9 outcome 104:17 223:15 outlay 114:23 outlined 205:17 outpatient 25:10 85:14,14 86:7,9 86:10,12,19 128:16 142:16 144:5 154:4 176:15 outreach 190:5 outside 55:25 136:22 170:3 outstanding 50:1 overall 9:15 54:19 56:6 79:9 143:8 150:3 overcapacity 113:4,5 overlook 62:16 overnight 78:19 overrides 82:5 overrule 78:17 overruled 78:16 owned 49:20 103:10 108:14 155:2,8 161:9 owner 72:8 179:22 ownership 26:3,9 48:4 49:19 50:16 93:11 164:18 165:10 owns 18:8 49:21 O-D-A-C-R-E 89:6 O-R-T-H 123:13 O-U-R-T-H 83:24</p> <hr/> <p style="text-align: center;">P</p> <hr/> <p>P 4:1 pace 124:21 Padela 193:23,25 194:2,7,10</p>	<p>Padela's 188:10 page 55:11 84:15 106:8,25 152:8 152:9 179:13 pain 31:14,15,22 130:13 134:9 134:13 179:2 paint 79:13 Pakistanis 32:2 Palatine 173:14 174:6,18 176:22 Palesteanian 194:25 Palos 51:16,18 57:2 78:25 79:1 79:18,19 pals 161:13 Pamela 3:2 223:3 parallel 61:24 parameters 60:18 175:6 Pardon 214:23 Park 26:18 32:8 93:14,15 94:13 94:15 178:1,20 180:2 194:12 195:3 parking 170:7,7 part 27:5 29:3 32:4 46:6 58:17 64:19 93:19 103:21 105:10 114:23 117:4 124:4 127:14 147:12 152:14 158:12 168:24 174:14 189:14 199:24 204:7 218:3 partial 61:21 participant 17:19 participants 21:13 176:2 192:10</p>	<p>participate 190:11 participation 6:18,20 34:18 168:12 170:15 190:18 particular 27:5 32:7 66:18 67:11 particularly 27:9 31:24 86:3 113:16,16 parties 55:8 71:21 223:11 223:14 partner 30:9 127:9 197:21 partners 25:1 48:18 55:25 partnership 30:3 31:3 parts 65:20,20 135:8 party 71:19 passed 23:10 216:22 passes 36:24 38:22 40:13 41:2 42:7,16 45:18 47:24 51:13 52:10 88:12 91:19 95:25 100:16 122:24 145:15 151:18 157:5 163:21 166:12 173:9 177:22 203:21 207:22 216:16 221:10 221:21 passing 210:16 path 198:7 patient 21:3 30:14 125:16 125:24 130:20 131:13,14,24</p>	<p>132:1 135:3,15 154:2 168:21 170:9,20,23 184:1 patients 8:21,22 18:4 20:13 23:20 28:3,13 29:3 30:21 31:4 31:23,23,25 76:15 86:18 98:17 125:22 130:24 131:5 135:10 143:20 154:1,4 161:23 168:22 169:17 169:17 170:3 170:10 171:4,5 171:12,17,19 171:21 183:24 184:11 185:13 188:4,12 189:25 192:13 194:4,17 patient's 125:19 131:22 pavilion 32:23 39:2 86:10,10 pay 54:2,8,10,22 81:13 payment 106:9 106:19 payor 108:4 Pecatonica 32:23 39:1,6 penalized 111:24 pending 193:17 Penn 2:5 5:22 35:4 36:17,18 37:12,15 38:14 38:15 40:7,8 42:1,2 44:22,24 45:12,13 47:3,5 47:18,19 51:7,8 78:1,4 81:20,21 88:4,5 91:11,12 95:17,18 100:7</p>
--	--	--	---	---

<p>100:8 119:18 119:19 122:2,4 122:16,17 144:12,16 145:1,2 151:10 151:11 156:9 156:22,23 160:21,23 163:13,14 164:3,5 166:5,6 172:12,15,17 173:1,2,10 176:25 177:3 177:14,15 202:7,9 203:1,2 207:16,17,24 208:9,19,21 209:6,15,21 211:3,12,15,20 211:25 212:4 214:6,12 220:3 221:1,2,13 Penny 167:2,2 168:2,3 173:11 people 7:14,18 13:22 17:7,8,9 26:24 27:1 32:10 69:12 73:6,9,12,15 74:5,17,21,22 77:14 93:23 112:10 113:23 115:1 119:3,6 119:10,23 128:5 135:24 136:4 139:9 147:6 149:4,21 154:16 160:16 175:21 176:7 180:20 196:21 199:13 201:21 205:10 211:21 percent 8:9 9:13 11:4 46:18 49:19,21 57:6 57:11 59:7 60:1</p>	<p>60:2,11 77:6,16 84:14 89:22 90:19,20 98:8 105:13 112:8 112:10,14,16 129:9 136:3 167:23,24 169:8 170:18 171:5,10,11,13 171:23 179:7 179:10 183:23 184:1 199:6,9 199:19 200:3 percentage 167:24 185:5 perfect 27:25 performance 145:5 period 9:17 54:14 138:6 153:23 204:17 permanence 30:11 permanent 217:25 permission 66:6 217:5,17 permit 9:8 10:15 14:14,23 16:4 42:20,20,22,23 42:25 43:3,4,24 43:24,25 45:20 46:8,11,11,12 84:7,10,11 89:11,21 113:6 113:6 181:3,8 181:24 184:12 195:13,25 permits 9:14 permitted 6:22 Perry 157:7 162:17 person 6:22 146:25 147:8 180:3,3 195:12 personal 7:9</p>	<p>189:23 persons 160:18 187:5,24 perspective 109:2 persuasive 202:13 pertain 116:10 Peru 162:10,11 Peter 194:18 Petrungaro 14:18 15:20 phase 46:19 137:2 phenomenal 222:3 Philip 2:6 5:5,14 35:24 36:3,7 37:19 39:17 41:17 45:3 47:9 50:24 64:17,25 65:8,12 66:4,13 72:21,24 73:4 73:17 74:3,7 75:22 76:3,8 80:4 87:20 91:2 94:7 95:2 99:10 99:16,20 112:18,22 116:25 118:15 122:7 144:17 148:25 149:13 149:18,20 150:1,13 151:1 156:13 162:20 162:24 165:4 165:14,21 166:15 172:18 177:6 202:10 206:10,24 207:2,8 214:21 214:24 215:3 215:17 220:19 Phoenix 41:7 physical 53:25 57:7,9 59:23</p>	<p>79:7,8 125:10 126:8 143:18 169:5 171:15 physically 49:14 58:22 physician 20:23 49:15 87:4 175:24 176:1 182:14,17 183:2,6,9 189:22 194:21 physicians 8:20 8:23 127:24 182:11 184:2,5 189:17 192:9 PI 94:3 picture 79:14 piece 4:15 70:6 Pierce 45:25,25 Pinckneyville 91:25 pioneers 197:22 pit 92:22 pitfalls 33:6,15 PITTS 92:22 96:2 place 28:19 33:9 34:4 102:21 110:16 115:8 115:22 116:3 117:19 119:6 126:19 129:5 161:11 212:9 215:8,23 placed 70:8 places 205:5 210:17 placing 128:15 Plaines 42:21 174:16 176:1 plan 4:12 20:11 21:20 24:19 61:7 69:1 109:20 110:2 125:10 126:8 126:12 127:4</p>	<p>127:11 137:15 141:16 143:18 149:2 169:5 171:15 planned 86:16 105:24 115:22 planning 4:11 9:16,20 10:19 23:24 58:9,14 59:4,15 80:6,8 80:11 90:5 101:13 107:4 108:12 112:2 115:8 116:20 123:23 127:2 131:12 137:2 145:7 148:6,8 148:15 150:3 152:15 168:18 210:8 plans 18:19 21:16 210:11 plant 53:25 57:7 57:9 79:7,8 platform 129:17 141:17 144:5 play 109:12 playing 11:13 Plaza 32:22 plea 217:5 please 4:9,24 7:2 7:6,10,12 15:6 19:16 34:22 35:25 36:5 37:11,17 39:8 39:15 40:22 41:10,15 43:6 45:1,21 47:7 48:5 50:22 63:10 80:1,2 83:8,23 87:17 88:17 89:1 90:25 92:18 96:6,9 100:19 100:22 120:14 120:17 122:5</p>
--	--	---	--	---

<p>123:6 157:10 165:19 166:25 180:14 196:1 220:16 pleased 23:15 28:19 29:15 57:19 103:4 106:3 153:6 158:13 pleasure 179:23 pledge 21:13 65:2,13 66:8,11 pledging 26:23 plenty 87:7 podiatry 179:3 182:8 point 27:12 35:9 46:18 53:19 56:8 57:22 58:10 64:23 67:1 69:20,22 84:12 91:23 110:9 117:16 126:1 138:8 152:8 154:21 174:1 175:7 198:3 200:4 202:14 212:8 213:3 pointed 59:18 108:7 110:15 187:9,10 points 128:3 142:11 153:4 policy 54:2 194:2 200:20 Polsinelli 43:12 43:15 poor 79:5 159:13 159:14 171:14 pop 161:8 popular 116:8 population 9:12 9:13,16 11:2,25 21:2 22:10 54:19,21 70:1</p>	<p>82:10 109:3,8 110:1 159:6,7 187:8,15 197:1 197:5 199:2,5,9 199:21 202:17 203:8 populations 186:19 187:2 188:8 189:19 Porter 29:10 portion 55:21 138:22 141:15 141:25 position 6:11 7:13 27:10 68:7 110:18 positioned 129:11,15 positions 8:19 positive 32:25 82:12 104:3 114:10 120:5 122:23 138:12 151:17 153:7 163:20 166:11 168:7 173:8 177:21 196:23 203:20 216:11 221:9 positively 50:8 possibilities 13:16 possibility 32:7 possible 13:20 50:4 125:12 132:1 post 42:17 89:12 posture 12:23 post-transaction 49:22 potential 8:11 33:5,15 57:5 65:17 66:2,2 98:16 141:9,9 142:7 169:24 potentially 19:3</p>	<p>104:5 poured 142:25 power 141:13 203:7 powerful 124:21 practice 8:14 32:4 127:23 practices 8:18 186:21 187:1 188:6 189:14 200:10,21 practicing 161:8 190:10 194:17 194:20 practitioners 187:1 prayer 190:2 195:3 precedent 61:18 precision 128:22 precursor 22:12 predominantly 29:24 prefer 73:13 205:6 Preferred 178:1 179:22 187:3,4 189:4,16 190:25 195:25 197:3 202:4 preliminary 16:13 137:21 prep 89:15 preparation 20:7 prepared 19:11 104:14 presence 22:14 22:15 30:10 present 2:1 5:1,9 5:23 6:3 22:7 49:10 92:16 172:6 201:17 presentation 73:25 146:4 166:16 202:12 presented 9:18</p>	<p>33:7 180:13 196:17 presently 17:9 79:1 193:10 president 20:1 26:10 49:6 103:3 124:13 147:17 164:12 pretty 82:2 216:11 prevent 128:7 154:5,20 preventative 135:6 previous 59:10 103:14 181:3 previously 103:10 104:11 104:14 111:9 181:20 208:14 pre-ESRD 171:19 price 63:17 93:17 primarily 154:7 187:20 primary 25:3 30:23 127:18 154:14 191:25 193:2 Princeton 157:8 157:23 161:7 162:18 principles 18:11 18:21 prior 69:2 79:5 208:12,21 priority 127:22 129:11 privacy 125:19 125:20 189:24 private 60:16 63:21 64:2,4 154:13 155:12 200:10 privilege 65:25 privileges 8:17</p>	<p>probably 15:23 67:12 83:7,18 110:5 112:15 201:12 209:13 218:12 problem 70:20 87:2 115:8 141:10,13 149:3 188:22 problems 135:6 188:9 procedural 33:6 33:15 204:8 procedurally 33:21 34:15 procedure 134:6 134:7,9,11 204:14 procedures 134:11,14,21 135:16 proceed 57:15 70:5 138:19 142:6 proceedings 7:10 9:8 process 14:7 18:11,22 34:15 68:8 75:2 109:13 112:2 139:20 180:13 204:21 209:16 processes 33:8 67:11 profile 222:2 profiles 221:12 program 127:23 130:14 146:25 147:20 148:5 148:11 157:22 190:9,18 192:11,11 217:13 programs 27:16 125:1,5 126:5 128:23</p>
---	--	--	---	--

<p>progress 184:10 project 7:11,13 9:5,5,11,20 10:2,6,7,8 11:17,24 12:12 12:16 14:20 15:16,16,22 16:8,9,22 17:16 17:18,19 19:21 24:16 31:11 32:23 33:15,16 33:16 34:1,3 35:20 37:3,5,8 39:2,6 42:18,23 43:19,22,22 44:7,14 46:8,9 46:18,19 48:2 50:5,9 53:3,5 55:15,20,21 56:3,5,19 57:14 57:16,25 59:22 59:22,23 61:7,8 61:12,20,21 63:12 65:4,17 66:2 67:17 69:9 69:13,20,23 74:23 75:19 76:12,24 77:21 79:18 83:12,14 84:7,10 85:6 86:21 87:11 88:15,19 89:20 89:24 90:6,9,17 90:18,19 91:24 92:15,16 93:18 93:22 94:12,22 95:6 96:5,25 97:3,6,7,14,19 97:25 98:2,5,11 98:21,25 99:4 99:13,23 100:16,18 101:10,11,16 101:20,23 103:13,19,22 104:16,17</p>	<p>105:15,24 114:1,17,25 115:5 117:17 118:8 120:16 121:8,8,10,23 123:3 124:1 132:17,18 133:4 137:3,12 138:11 142:19 142:23 144:10 144:11 145:23 146:2,12,21,24 147:1,24 148:22,24 150:16,19 151:22,23 152:3 153:6,9 153:10 156:2 157:8,24 158:2 162:16 164:21 164:24 165:1,8 166:23 167:15 167:16,17 168:13 172:8 174:1,3,3,6,7,9 174:14,16,18 174:19 176:21 178:20,21 179:6 180:24 181:14,16 182:12,21 183:2,12 185:2 185:4,7,16,23 191:14,17,24 194:10,24 197:14 202:3 202:13 projected 11:2 55:9 109:7 132:20,25 135:15 projection 59:12 59:19,21 projections 10:25 11:5 85:25 109:5</p>	<p>110:1,7 projects 7:7 23:8 23:12 25:5 56:4 56:15 61:19 62:5,7,8 93:17 94:10 104:6,7 113:23 114:3,4 114:4 117:19 138:13 174:15 192:2 193:17 project's 97:23 prominent 195:8 promise 28:8 promissory 92:5 promptly 4:4,11 promulgated 169:15 proper 110:16 properties 54:23 proposal 8:6 11:20 66:18 180:7 181:1 182:9 191:24 192:5 202:12 219:19 220:6 proposals 18:19 23:6,11 209:2 210:9 propose 93:11 97:15 132:18 174:4 proposed 11:11 17:24 18:3,15 31:20 56:5 98:11 124:1 132:17 134:4,6 134:7 164:24 174:7 175:9 179:24 180:21 182:7 183:17 183:22 184:23 186:20 187:13 187:19 190:14 190:23 192:24 194:11,18 195:19,23</p>	<p>197:10 204:6 204:14,15,21 206:3,6,10 proposes 157:21 proposing 52:24 84:11 89:21 101:8 121:1 123:21 128:9 132:23 133:12 134:16,25 146:18 158:10 164:17 167:10 178:18,25 186:1 192:6 protocol 153:21 protocols 189:14 prototype 191:2 proud 27:9 103:17 136:14 prove 24:3 proven 10:8 provide 10:5 13:12 14:22 15:19 16:18,19 18:13 19:14 23:19 24:22 25:8 26:1 27:17 28:13 30:6 55:19 72:1 74:16 131:14 135:7 149:15 149:16 186:20 187:3 190:19 192:12 194:3 195:18 198:13 200:19,22 201:14 203:15 provided 15:14 16:2 19:14 20:19,20 57:3 81:22 130:24 183:14 189:8 189:13,15 192:19 193:1 194:19 198:18 provider 20:3</p>	<p>24:2,8 127:3 208:6 providers 19:6 23:13 69:6 127:16,16 148:8 154:13 154:14 168:20 184:24 187:21 188:6 190:21 190:22 196:16 198:13 provides 19:8 27:6,15 providing 7:20 17:24 18:4 24:7 28:21 29:22 54:21 86:15 103:11 124:19 136:10 149:25 183:17,21 184:3 186:10 186:25 190:3,4 193:20 proving 175:4 provision 9:23 183:18 189:19 189:23 provisions 53:6 121:6 proximity 131:7 131:8 psychiatric 20:12 20:12 21:1,9,10 psychiatrist 147:20 public 6:18,20,23 6:24 19:9 21:12 21:16 22:5 24:21 28:21 34:4,18 48:25 50:8 54:9 57:23 67:9,10,12,19 69:3,7 70:23 75:21 112:10 115:12 147:4 165:2 167:18</p>
---	---	---	--	--

<p>171:6 174:20 204:6,9,11,14 204:15 205:24 206:4,7 216:21 216:22 217:19 223:4,22 publication 204:18 published 194:1 pull 51:18 pulled 86:11 pump 169:21,21 purchased 28:15 purchasing 55:18 purely 34:6 purpose 14:17,21 16:15,17 33:6 123:23 purposes 116:14 Pursuant 35:2 pursuing 198:12 push 68:11,12,17 69:14 put 18:5 68:15 71:2,23 109:1 114:3 217:5,11 218:5 222:6 puts 69:16 putting 153:18 169:17 P-E-N-N-Y 167:3 P-I-E-R-C-E 46:1 P-I-T-T-S 92:22 P-O-L-S-I-N-E... 43:16 p.m 83:1,3,4 222:16</p> <hr/> <p style="text-align: center;">Q</p> <p>qualified 29:21 127:11 183:9 197:16 quality 23:19,22 28:13 29:23</p>	<p>30:6 31:1 58:22 78:21 79:1,10 79:15 125:5 148:5,12,19 154:18 160:15 query 110:12 question 37:20 37:21 39:18 59:16 63:8 66:5 72:21 74:4 77:22 99:23 107:9 112:22 113:22 116:5 136:8,21 137:10 138:18 143:3 148:25 150:2,5,7,9 160:22 161:1 174:22 175:20 180:12,24 197:7 199:1 200:2 206:23 207:24 Questionnaire 107:3 questions 44:15 44:17,18 46:22 46:24,25 50:11 50:13,14 57:20 58:3,4 62:12 77:25 79:17 83:19 84:22,24 85:1 87:9 90:12 90:13,15,16 93:25 94:1,4,5 99:5 106:4,5 112:4,17 118:7 121:16,18,19 135:18,21 136:25 139:3 144:8 148:21 148:23 150:15 150:17 154:22 154:23 155:19 155:25 156:1 158:7,14,15</p>	<p>161:19 162:7 162:14,15 172:1,2,6,6,7 175:14,16,17 176:13 180:11 180:15 181:4 181:20 196:4,6 198:24 200:2 210:4,5 219:17 quick 4:14 115:3 128:2 159:18 199:1,5 221:25 quicker 131:10 quickly 85:11 Quinn's 188:20 191:21 192:1 quite 51:22 63:16 140:19 199:14 202:1 quorum 172:6 quote 186:1,6,9 194:10 quotes 20:19</p> <hr/> <p style="text-align: center;">R</p> <p>R 4:1 race 180:4 races 30:1 187:6 Rackley 157:7 162:17 radiation 135:14 radically 143:15 radioactive 135:11 Radogno 192:25 193:1 Rahman 29:10 31:10,12,13,13 200:24 raise 22:5 raised 181:21 183:5 184:14 184:21,22 Ranalli 146:8,8 147:22 153:3 Randi 100:23,23</p>	<p>103:2,3 106:16 112:14 Randy 146:3,4 range 93:18 ranked 130:3,5,8 rapid 95:6 rare 27:12 184:5 rarely 104:18 193:16 rate 50:4 rated 78:22 103:18 rating 53:7 63:3 69:24 78:2,23 79:5,9,13 97:5 100:9 112:4 ratings 58:1 78:6 80:21 ratio 55:4 74:12 82:4 rationale 10:5 ratios 55:6,9,12 71:7,10,16,20 71:25,25 reach 13:23 14:1 127:6 171:13 reached 126:1 read 99:11 138:9 138:21 158:8 161:10 220:3 readers 142:7 readmissions 154:5 ready 22:13 Reagan's 161:13 real 30:4 111:19 115:23 126:16 reality 11:1,6 110:7 111:19 realize 54:18 really 13:23 18:12 33:8 44:9 58:2 65:15,16 73:6 75:17 114:19 125:10 126:3 128:17</p>	<p>129:10 153:11 176:15,17 180:11 197:11 197:22 198:4 198:19,20 204:20 205:8 214:9,9 216:9 Realty 103:4 reappoint 218:13 reason 54:11 68:15 75:13 85:4,7,9 113:9 114:23 145:21 149:23 157:24 197:13 reasonable 133:4 183:11 212:9 214:1 reasons 9:9 25:14 33:11 38:19 72:13 120:3 132:2,3 182:21 195:22 reassigned 8:23 recall 111:6 160:19 193:24 receive 17:12 120:7 135:10 155:16 received 12:25 16:12 48:24 78:11 92:4 97:6 108:14 121:9 124:4 171:7 191:15,16,20 192:22 193:23 194:14 195:6 204:7,11,16 receiving 16:10 55:16 recertified 183:16 recertify 121:24 recess 35:12 83:3 recessed 35:10 recognize 32:3</p>
---	--	--	--	---

<p>128:4 recognized 129:9 193:13 recognizes 193:18 recommendation 160:11 205:20 210:21,23 recommendati... 72:1 189:7 216:23 218:5 recommended 215:4 recommends 210:23 reconsider 10:15 13:17,18 reconsideration 14:20 reconvene 83:1 record 13:2 75:9 83:4 125:6 161:16 172:4 184:9 211:16 220:12 222:16 recorded 6:24 records 130:20 188:11 recovering 222:8 recovery 89:13 89:16 143:19 recreate 209:22 recruited 32:5 recruiting 79:3 redacted 146:24 reduce 63:21 73:2 135:1 reduced 110:8 179:4,5,9 183:12 223:8 reduces 182:19 reducing 11:14 131:13 186:24 reduction 20:24 21:6 179:7,11 196:11</p>	<p>REECE 10:17 11:23 Reese 7:16 10:18 12:7 146:5,5 147:16,17 149:10,14,24 150:8 155:7 reestablish 167:12 refer 41:6 108:25 reference 106:22 references 182:5 referral 41:5 58:7 200:25 referrals 54:15 54:18 57:1 74:13 183:1,3,6 183:9 referred 57:5 73:10 107:10 referring 55:11 106:11 171:21 184:2 refine 137:23 refined 138:18 reflect 10:14 reflected 56:12 reflects 9:19 reform 85:13 reforms 153:16 153:17,18 regard 33:12 81:3 152:9 regarding 17:16 17:19 37:3,5 39:1 55:14 56:17,18 62:15 80:21 185:24 216:24 regardless 54:22 56:19 59:6 105:16 regards 19:1 85:11 86:17 region 9:24 23:18 23:23 25:8</p>	<p>58:14 127:17 149:25 153:10 regional 23:2,15 24:18,25 25:6 25:11,16 145:21 146:12 148:2,4,14 151:24 152:25 153:15 155:2 156:3 registered 147:7 147:18 regret 6:10 regular 1:12 218:8 219:7 rehab 35:20 176:16 rehabilitation 32:22 174:5,12 176:24 reimbursement 85:15 142:15 143:15,16 159:21 reimbursements 86:6 reject 9:7 142:23 relate 184:18 related 50:3 55:8 56:18 71:19,21 98:3 164:23 171:8 185:11 223:10 relates 79:15 104:10 105:14 132:12 133:6 relation 111:18 Relations 195:2 relationship 30:4 56:13 139:7 182:13 198:21 relative 223:12 relatively 130:7 relatives 161:9 released 109:9 relevant 7:7</p>	<p>56:18 128:3 reliance 183:1 relicense 102:16 relied 10:12 Relief 194:25 religion 180:4 religions 187:6 religious 155:6 186:17,22 187:23 188:7 189:18 190:6 190:16 192:8 193:12 195:16 relocate 168:8 relocated 19:4 168:19 169:3 relocating 18:16 relocation 17:25 168:16 relook 8:25 remain 54:3 63:20 remained 9:15 remaining 21:17 49:21 149:22 remains 107:10 143:17 193:3 remand 10:4 14:17,21 33:2 33:13 37:8 38:8 remanded 8:6 37:2 remember 161:7 161:11 217:13 remind 62:10 117:10 reminder 6:21 remove 63:13 removed 70:7 182:5 183:15 removes 182:24 Renal 17:20 166:24 168:9 168:16,19,23 171:22 172:9 renewal 42:20,21</p>	<p>42:22,23,25 43:3,5,24 44:1 44:13,19 45:20 46:11,12 renovated 171:2 renovation 63:2 63:6,14 renovations 54:17 57:10 repeat 84:16,16 135:12 replace 65:18 128:9 132:19 205:10 replaced 56:20 replacement 15:24 61:20,21 123:23 132:3 132:18 137:7 167:13 171:16 205:4,6,13 replacing 76:19 76:21 replica 161:13 report 18:5,14 20:18 46:5 50:7 53:17 54:25 56:23 71:11,14 71:16 83:17 103:9,25 104:3 107:24 108:7 114:11 116:14 116:15,16,17 118:16,23 127:2 130:6 132:9 133:3,8 134:12 138:10 151:22 153:7 168:7 174:2 175:1 181:13 182:25 183:7 184:9,17 186:14 188:15 188:21 189:1,6 191:11 194:1,2 199:17 200:15</p>
--	--	--	--	--

reported 101:21 164:22 200:15	69:4,7 74:15,15 78:12 189:10	105:12,13 106:9,19 115:7	Resthaven 88:16	44:21 45:15
reporter 3:1 15:7 43:9 45:23 48:6	190:3 204:18	115:15,20 116:3 125:3	restricting 8:17	47:21 50:18
52:12 89:2 92:19 96:9	requesting 14:20 14:24 15:18	127:13,25 128:19 130:17	resubmitted 185:3	51:10 58:6,23 64:12,15 71:4
100:22 120:18 123:7 146:1	35:19 37:5 39:3 43:25 46:11	148:12,20 199:11	result 21:6 57:9 76:23 171:14	71:13 72:14,19 77:9 82:1 87:14
157:11 164:10 167:1 173:16	75:21 89:19 90:8 168:15	resolution 23:10 55:24	resultant 169:25	88:7 91:14 94:8 95:20 100:11
178:4 223:1,3	181:16 216:8	resource 193:19	resulted 179:5	116:6,18 119:22 121:21
reporting 14:2 116:13	requests 43:3 47:25 48:2	resources 24:22 30:17 128:12	resulting 8:12 23:15 53:2	122:19 144:13 145:4 150:22
reports 33:24 118:19 121:5	require 97:22 105:7 134:22	129:1 143:22 195:20	results 186:18 188:16	151:13 156:25 160:2 163:16
152:6 193:24 210:3	135:13 141:24	respect 125:19 129:8	retrofit 141:9	165:6 166:8 173:4 177:17
represent 12:9 31:14 192:23	required 59:19 105:1 109:23	respectfully 99:3 129:23	reuse 141:9,18	196:8 203:4 206:8 207:5,19
representation 139:16	requirement 132:12,14,21	respectively 90:20	reveals 11:1	212:16 215:5 216:2 220:11
representative 25:24 26:12,13	requirements 56:1 97:22	respects 194:5	reversal 38:8	221:4,14 222:12
26:14,14 29:8 193:12	124:7 131:18 145:5 169:6	respite 126:20	review 1:1,13 10:20 16:1 24:9	rid 75:4 159:10
representatives 24:24 43:5,7	170:14	respond 14:6 127:20 131:10	29:17 41:8 44:12 62:16	right 4:9 6:17 34:13 44:10
represented 98:24	requires 6:22	217:4	171:1 180:13 182:2 208:1,13	51:23 60:4 61:9 64:20,23 65:11
represents 84:13 149:5	requiring 98:14	responded 184:14 217:16	209:8	66:17 77:17 78:3 83:21
Republican 192:25	rescind 8:24	response 37:4,6 39:3,4,18 72:16	reviewed 20:17 37:2,4 39:3	85:24 94:23 102:22 111:25
reputation 130:19 136:14	research 141:17 209:3,8	84:20 178:24 196:9,23 197:5	62:9	112:21 115:6 116:11 117:25
request 16:16 22:11 43:25	residency 98:13 127:23	206:11	reviewing 38:25 204:5	136:24 150:11 159:24 162:12
44:19 48:25 51:15,17 53:19	resident 54:7 78:12 99:1,1	responses 204:6 204:6 206:3,7	revised 181:16 183:14 185:2	176:10 201:1 201:15 204:4
81:11 92:1,2,3 101:23 113:4	107:20	responsibility 28:12	204:25	206:5 207:13 208:16,16
183:9 204:16 205:25 219:19	residential 104:23 174:12	responsible 150:3	revisit 209:22	209:5 211:18 212:2,3 218:24
220:5	residents 17:3 23:18 24:23	responsive 186:22 188:7	Rex 157:12,12 158:9,20 159:1	rightfully 113:2
requested 15:20 16:20 67:20	25:8,12,19 27:6 54:2,4,6,17	190:16 198:1	159:16 162:1,5 162:10	rights 6:25
	57:5 75:6 98:10 98:12,16,25	responsiveness 186:16	rich 159:13,13	rightly 165:7
	99:2 103:23 105:1,3,4,6,9	rest 55:19 127:19 154:22	Richard 2:4 6:1 7:15 9:1,2	ripe 33:5
			10:11 35:1 36:20 38:17	risk 169:18 197:1
			40:10,18 42:4	

<p>ritual 190:3 River 26:20 road 13:3 171:4 198:2 Roate 2:14 5:23 42:19 43:18 46:4 48:16 52:23 62:2,5 84:5 88:18,23 89:9 91:22 93:7 96:22 101:7,19 102:12,19,23 103:8 107:14 116:13,21 120:25 121:12 123:20 146:17 151:21 157:20 164:15 167:9 173:25 174:25 175:11 178:17 214:2,4 Rob 123:14,14 Robert 48:8,8 49:4,5 Robin 26:15 robust 190:9,17 Robyn 178:13,13 185:17 191:6,7 Rochelle 211:6 215:22 Rock 15:4 17:1,3 17:14 88:25 90:18 98:24 Roger 45:25,25 role 23:23 27:14 28:16 roll 4:24 35:25 36:4 37:16 39:14 44:25 47:6 50:21 79:25 87:17 90:25 94:25 122:5 144:14 156:10 165:19 177:4 220:9,15 Ron 26:18</p>	<p>Ronald 161:12 room 30:23 60:16 73:12,20 131:12,23,24 131:25 133:15 133:16,16 134:9,11,15,18 134:25 153:21 169:19 rooms 63:21 64:2 64:4 68:6 72:25 73:1,13,15 74:18,19 125:21 131:7 131:15 134:5,7 134:7,13,16,20 136:9 143:20 153:23 179:4 root 191:17 rooted 18:10 34:8 roots 195:7 Rosenzweig 22:19,21,23,24 routinely 21:1 rule 57:12 60:1,3 60:11 67:16 105:22 185:25 186:5 204:7,21 208:1 209:15 209:22 rules 2:22 6:24 8:13 12:17 14:7 60:18,18,20 65:3 67:4 68:20 70:4,21 71:11 72:18 80:10 104:15 105:25 109:11 111:22 111:23,23 113:1,13 114:22 116:10 116:19 117:14 117:14,16,18 203:6 204:2,8 204:15,18</p>	<p>206:18,20 208:17 209:9 ruling 14:3 91:24 run 61:24 74:11 76:15,16 Runge 45:24,24 46:17 running 61:23 Rustom 178:9,9 178:10 179:20 179:22 181:19 182:13 R-A-H-M-A-N 31:13 R-A-N-A-L-L-I 146:9 R-A-N-D-I 100:24 R-E-E-S-E 146:6 R-E-I-N-H-O-... 178:7 R-O-B-Y-N 178:13 R-O-C-K 17:3 R-O-S-E-N-Z-... 22:24 R-U-N-G-E 45:24 R-U-S-T-O-M 178:10 R.N 79:3 176:5</p> <hr/> <p style="text-align: center;">S</p> <p>s 4:1 79:3 safe 15:23 82:15 130:14 131:3 safest 132:1 safety 9:23 25:18 125:25 152:10 168:11 169:13 170:11,14 sake 182:3 SAMS 194:15 Sandoval 26:11 SAR 107:2 Sara 26:12 42:24</p>	<p>Sassel 220:13 satisfy 10:3 save 84:24 131:11,23 savings 8:12 saw 111:5 saying 13:25 42:12 65:5 71:8 73:7 74:4 75:9 113:10,25 114:1 115:17 176:7 says 106:21 108:5 117:23 211:25 scale 58:19 142:12 scaling 86:20 Scarborough 20:22 147:9 schedule 20:7 84:25 90:11 104:5,9 114:15 scheduled 104:3 106:1 114:1,9 164:24 scheduling 114:2 School 127:21 194:19 Schullo 100:23 100:23 103:2,3 106:16 112:14 scope 133:4 scratch 9:9 screenings 27:17 second 35:1,3,4 35:24 36:1,3 37:13 39:10,11 40:19 41:6,12 42:10,11,23 44:22,24 46:12 47:3,5 50:18,20 52:3 58:17 63:9 79:21,22 87:14 87:16 89:20 90:7,22,24 94:8</p>	<p>94:21 99:10,15 99:18 108:13 110:2 118:12 122:1,2 133:5 134:2,18 144:13 150:23 150:25 156:7 156:11 162:21 162:23 165:6 165:14,18 172:15 177:1,3 202:7,9 204:23 206:9 207:5 216:2 219:24 219:25 222:13 seconded 37:15 39:13 40:21 41:14 79:24 94:17,20 118:14 122:4 144:16 156:9 172:17 207:7 220:2 221:14 Secondly 109:15 128:20 seconds 10:10 11:22 13:19 34:5 section 6:20 53:6 121:7,7 152:17 158:3,3 159:10 204:13,23,24 sections 159:11 159:12,14,14 secure 214:17 secured 92:3 securing 16:6 55:5 182:13 211:11 see 22:11 28:21 55:12 68:19 72:6 74:19 83:10 84:15 94:22 104:18 106:8 111:14 116:15 118:1</p>
--	--	---	--	---

119:6 149:3 152:11 153:7 159:4,11,13 160:10,23 198:19 201:21 214:17 215:12 219:10 seeing 20:8 44:18 46:25 50:14 90:16 111:11 145:16 197:20 seek 22:6 105:10 121:1 154:2 188:13,16,17 seeking 97:18 148:1 152:1 168:8 seeks 18:16 103:19 154:18 seen 15:25 20:13 28:14,17 61:18 95:5 136:3 143:10 185:15 197:8 segments 199:21 segregating 197:1 selected 110:17 170:22 sell 217:12 selling 216:24 semiprivate 125:20 Senate 26:10 218:6 senator 5:16,17 26:10,11,11,12 34:25 35:23 36:3,10,11 37:25 38:2 39:23,25 41:11 41:14,20,21 42:9 45:6,7 47:12,13 51:2,3 52:2 77:22,23 81:1,3 87:13,16	87:23,24 90:21 90:24 91:5,6 95:11,12 99:7 99:18,25 100:2 118:21,22 122:10,11 144:20,21 151:4,5 156:6,9 156:16,17 163:6,7 164:1 165:24,25 172:20,21 177:8,9 192:25 193:1,6,8 198:24,25 199:22 202:6,9 202:19,20 207:10,11 219:25 220:2 220:21,22 send 222:7 senior 96:23 103:13 124:14 seniors 104:25 sense 68:3 80:9 109:19,21 129:15,21 152:14 sensible 81:12 sensitive 30:16 187:2 189:11 192:12 195:15 196:18 198:10 sensitivity 198:14 sent 12:14 16:17 82:15 88:19 217:14 sentence 138:9 separate 145:24 September 1:10 1:14 16:2 23:10 42:22 43:18 46:12,13 56:9 101:21 102:8,9 102:9 104:7	series 34:12 147:11 serious 184:7 seriously 180:16 Serpico 26:19 serve 23:14 27:23 28:3 147:17 180:3,19 181:1 181:22 191:2 195:21 196:2 served 78:12 126:2 192:24 serves 82:11 service 6:13 21:10 27:14 29:17 75:20 98:22 101:13 107:5 121:3,25 124:9 133:6,7,9 146:19 150:21 158:10 159:22 162:19 180:21 182:18 186:11 190:6 197:10 199:3 services 1:1,13 3:3 8:11 9:23 11:14 21:9,17 22:6 23:17,22 23:25 24:3,5 25:9,13 27:6 28:22 29:4 32:10 41:8 54:21 74:16 75:21 103:4 121:5 125:1 126:5 134:4 135:8 142:16 147:2 148:16 149:11,15,22 149:25 152:1 153:15 154:4 160:15 161:24 168:17 173:13 176:22 182:8 182:17 186:10	186:15,21 187:3 188:18 189:2,3,14,22 192:13,16 193:10,16 194:4,12 195:15 196:18 208:4 servicing 25:1 127:25 184:11 194:17 session 1:12 34:19,21,24 35:8,9,11,14,17 set 8:13 76:1 101:20 107:17 107:21 148:9 198:4 sets 71:16 setters 197:23 setting 154:19 set-up 76:18 169:23 seven 61:5,6 109:15 115:21 116:4 141:7 173:7 177:20 184:16 185:1 sewage 169:21 Sewell 2:4 5:25 6:1 35:1 36:19 36:20 38:16,17 40:9,10,18,21 42:3,4 44:21,24 45:14,15 47:20 47:21 50:18,20 51:9,10 58:5,6 58:23 64:12,15 71:4,13 72:5,14 72:19 77:9 81:25 82:1 87:14,16 88:6,7 91:13,14 94:8 94:18,20 95:19 95:20 100:10 100:11 116:5,6	116:18 119:21 119:22 120:3 121:21 122:4 122:18,19 144:13,16 145:3,4 150:22 150:25 151:12 151:13 156:24 156:25 160:1,2 163:15,16 165:6,18 166:7 166:8 173:3,4 177:16,17 184:22 196:8 198:6 203:3,4 206:8 207:5,7 207:18,19 212:16 215:5 216:2 220:11 221:3,4,14 222:12 shape 141:16 share 30:17 125:23 shareholder 95:7 Sharia 182:5 sharing 29:20 sheet 137:18 Sheets 43:11,11 44:4,5 167:4,4 Sheila 15:4 17:1 17:2 98:24 Shelley 96:14,14 shelter 103:16,20 sheltered 104:17 104:19,20,21 105:1,9,18 106:10,12,14 106:17,19 107:7 108:1,11 115:1,6,14,23 116:2,8,10,14 116:22,23 119:24 Shepherd 11:18 12:11 15:9
---	---	--	---	---

Shepley 15:4,11 15:12 16:25	182:4 183:21 188:25 191:13	sizable 106:11	211:25	70:25 130:1 137:9 185:10
Sherman 12:10	significantly 11:8	size 11:11 99:23 169:3 170:17	Sonya 7:16 10:18	speakers 15:4 19:21 22:19 27:20 29:9
Shield 6:12	109:7 135:1	sized 183:11	soon 20:9	speaking 15:8,16 17:23 31:11 185:23
Shiloh 20:2,6 21:18	182:1	skeptical 26:25	sophistication 128:22	special 31:24 32:10 51:17 119:23 180:6
short 34:21 73:25 95:7	signify 42:12 216:4	skilled 17:5 53:2 76:25 97:15,20 97:21 98:6,19 103:11,16,20 105:2,3,3,8,22 115:2,16,17 116:2,12 117:6 117:7,8 160:18	sorry 48:1,15 70:13 83:22 88:22 89:18 94:25 102:12 107:24 114:5 139:1 150:8 152:4,5 156:11 172:13 207:3 211:19,22,22	specialist 182:14 specialized 134:22
shortage 127:18	Silberman 17:21 32:17 34:6,18	skills 160:17	sort 86:25 197:1	specialties 179:1 182:7
shortcomings 62:10	Silverman 15:5 17:22 29:11 32:19	Skinner 48:11,11 49:8 92:25,25	sought 101:23	specialty 130:9
short-term 54:16	similar 11:24 104:22 198:16 205:15	slash 46:9	source 54:8,22 106:9,19 108:4	specific 7:7 134:21 180:22 193:14
shot 62:24 109:5	simple 63:16	sleeping 169:19	sources 54:2 200:25	specifically 14:18 32:4,14 86:6 141:23 170:23 185:25 192:1 193:3
shoulder 222:8	simply 16:18 112:24 125:12 125:22 128:9 138:19 143:20 175:5 188:3	sleepless 87:5	sort 86:25 197:1	specifics 41:5 196:16
show 9:13 12:24 24:7 55:12 119:8 185:12 195:11,12 220:12	simple 63:16	slight 111:2	sought 101:23	specified 217:1
showed 104:11 109:9,11	simultaneous 61:23	slightly 134:2	source 54:8,22 106:9,19 108:4	spell 15:6 43:9 45:22 52:12 92:19 96:8 100:21 120:17 123:7 145:25 157:11 164:10 173:15 178:4
shower 125:22	simply 16:18	slowly 215:17	sourcing 54:10	spelled 22:25
showers 125:23	Sincerely 25:20	small 130:7 185:5	south 32:1	spend 5:8,13 78:17
showing 161:5	single 38:7	smaller 105:20 182:23 183:11	Southern 151:25 152:25 153:10 153:12 154:10 154:11 155:13	spending 76:13
shown 80:14 105:12 127:2	sir 116:22 137:4 150:8 176:8	smallest 135:25	southwest 193:4 194:23 196:21 197:25	spent 5:20 55:18 68:21 74:25 98:2 142:21
shows 11:3 104:12 110:14 118:16	Sisters 147:2 149:8 152:1 155:9	Smith 96:14,14	Southwestern 155:23	spite 145:4 203:4
shukran 203:25	sit 136:12	snapshot 78:8	space 49:18 55:19 60:7 68:20 89:14,15 97:20,20,21,24 98:4 123:24 131:18,23 190:1 208:3	spoke 147:7,8 180:20
shut 31:21	site 20:7,9 21:18 123:25 152:18 157:24 169:16	Social 194:1	spaces 131:9	sponsor 193:2
shy 98:1	sites 196:25	Society 194:15 195:2	span 95:7	
sick 126:21 128:5	situation 8:7,25 14:5 74:21 75:15 110:4 115:6 119:23 140:15	soft 78:12	Spanish 27:20	
side 20:4 69:11 85:14 86:9,12 90:19 111:11 115:13 170:6	six 44:8,10 57:4 85:6 107:25 108:1 178:25 190:2 203:19	Soher 191:20	spatial 97:8	
Sidley 49:9	six-county 11:9	soil 152:18	speak 7:11 9:4 15:14 19:21 22:2 24:14 66:15 69:8	
sign 31:1 40:25 42:14 52:8 217:17 221:18		sole 14:21		
signed 220:7		solutions 141:16 108:20 150:2 216:9		
significant 9:25 97:23 118:3 125:4 134:17 140:4 141:14		somebody 71:2 108:20 150:2 216:9		
		somewhere 119:4		
		somewhat 33:4 59:16 81:9 175:7		
		Sonja 10:17 11:23 211:23		

<p>Sporn 194:18,20 spread 31:17 197:23 spring 90:9 162:11 Springfield 1:2 1:16 4:6 5:6 26:6 35:20 155:9 195:10 211:1,13 215:21 square 97:9 169:7,8 179:8,9 179:10 196:11 St 3:4 19:21 20:5 20:11,14,24 21:11,13,15,20 22:2,13 23:1,20 24:10,15,17,18 24:20,24,25 25:14 120:12 121:23 145:19 146:3,7,9 147:18,21 148:21,24 150:16,19 155:1,7 162:1 stabilization 54:14 stabilized 68:10 stable 127:10 143:9 176:4 staff 2:10,13,19 8:17 18:5,14 20:18 30:15 33:24 43:21,23 46:5 50:7,7 53:4,17 56:22 60:13 89:22 91:23 97:4 101:14 113:2 116:7 121:5,9 124:2,5 131:15 132:9 133:3 134:12 138:10 146:21 147:23</p>	<p>152:6,7,13 153:5 167:15 167:19 168:6 170:4 173:25 178:21 179:12 181:13 184:17 188:2 189:17 189:20,22,25 191:11 192:9 208:2 210:4 211:10 219:18 220:5 staffed 160:17 staffing 79:2,10 81:5 130:17 staffs 130:18 staff's 185:24 stage 12:13 89:16 stages 208:8 stand 6:6 30:13 standard 97:8 98:8 133:5,13 133:19 134:6 134:24 135:17 145:5 160:5 standards 55:10 55:13 125:20 132:11 133:10 168:12,14 169:9,14,15,24 170:2,16 standpoint 70:1 125:25 stands 22:13 67:17 77:21 star 53:7 58:1 63:3 78:2,5 79:12 80:21 97:5 100:9 103:18 stark 11:1 stars 78:20 start 4:3,18,20 9:8 29:19 44:13 74:23 77:20 117:15 211:10</p>	<p>217:18 221:23 started 197:12 starters 197:7 starting 4:18,19 125:10 197:24 state 1:12,14 4:7 9:6 10:14 20:18 23:4 24:7 25:24 25:25 26:8 43:8 43:19 46:7 48:5 48:24 52:11 53:17 54:25 56:22,22 57:11 71:11,13,15,20 72:1 74:12 83:17,23 84:6 89:1,10 92:18 96:8 97:7 98:8 100:21 101:22 103:9,25 108:7 113:2 114:10 116:16 118:15 118:19,23 119:9 120:17 127:2 132:7,10 133:7,8,13,19 134:5,24 135:16,23 136:2 138:10 138:10 150:4 153:17 157:10 164:9 166:25 168:7 173:15 174:2 179:21 181:13 182:25 183:7,8,25 184:17 187:19 188:12 192:24 192:25 193:6 193:12,16 200:5 201:13 205:15 216:24 217:15 223:4 223:23 stated 14:18 38:20 120:3</p>	<p>132:8 181:19 182:15,21 183:7 190:7 193:9 statement 94:2 117:23 121:15 158:8,9 175:13 200:8 statements 71:9 states 107:3 164:23 186:1 187:13 209:12 state's 55:4 133:1 134:3 stating 55:24 station 133:20,25 169:8 stations 133:12 133:12,14,17 134:1 168:15 168:18 169:7 169:12 statistical 132:13 statistics 81:14 119:9 stats 199:5 status 15:16 statute 23:4 61:2 61:14 109:23 206:17,19,21 209:11 213:5 stay 28:19 60:20 128:6 143:12 stayed 61:3 steady 157:25 steam 141:13 steel 20:9 stellar 130:19 step 21:20 75:4 143:3 149:5 153:11 Stephen 52:19,20 stepping 136:5 steps 19:7,11 Sterling 22:20 24:12,13</p>	<p>Steve 26:12 53:15 173:21 173:21 sticking 183:10 stirring 166:16 stood 218:21 stop 198:12 stopping 198:20 Store 161:15 stories 78:10 story 78:9 161:3 163:8 169:22 straight 189:13 stranger 222:10 Street 1:1,15 3:4 strength 28:18 strengthen 29:4 strengths 130:23 strive 128:17 stroke 130:12 strong 27:2 144:4 strongly 26:7 structure 140:8,9 struggled 14:1 students 130:17 studies 141:6 study 135:3,12 188:10 stuff 161:11 style 196:22 subcommittee 216:18,21,23 217:3,12 218:12 subject 38:8 70:11,17 submission 98:18 187:16 submit 82:21 108:8 120:9 124:3 178:23 submitted 18:7 88:20 107:25 193:8,24 suboptimal 169:16</p>
---	---	---	--	---

subsection 186:6 186:13	27:2 29:1,18 32:12,23 48:23	192:12 200:21	48:13 52:21	152:8,12
subsequent 33:3 113:14 178:2	57:13 89:14,23 97:6 98:25	surgery 31:19 72:9 130:10	83:18,23 84:3 89:7 92:19 93:5	tag 63:17
subsidiaries 139:19	106:2 121:10 124:19 126:22	164:7,16,19,20 165:9,11 179:2	96:20 101:5 120:23 123:19	take 4:13 13:11 19:11,16 31:18
subsidiary 155:12	127:9 128:13 129:24 131:16	180:1,2,9 183:25 184:6	146:15 151:19 157:18 167:7	31:18 32:5 34:3 55:25 64:25
subsidiaries 93:10	131:17,19	184:25 190:14 191:7 193:18	173:23 178:15 223:6	70:20 73:9,19 74:17 92:15
subspecialties 143:7	138:2,3,20 143:18 147:7	194:11 195:24 195:25 196:15	sympathetic 87:3	102:21 108:23 109:22 111:8
subspecialty 125:8 128:25 129:3	152:7 154:8 158:1 159:12	197:9,20 200:11,12	Syrian 194:14	112:10 147:10 149:20 153:12
substantially 63:24	159:14,22 165:1 166:18	201:19 202:5 surgical 89:12,14	system 14:16 15:13 24:4 26:4	175:20,22 176:2,2 193:11
substantive 34:1 34:3,7	167:18 174:19 185:14,15,18	89:15 124:8 134:3 143:19	26:5 31:2,23 48:17,18 79:13	200:6,9,13 taken 6:11 19:7
suburban 92:12 93:15 94:14,25 125:9	191:14,17,20 191:22,23	178:19 179:1,4 179:25 182:7	105:11 124:20 130:20 139:21	83:3 104:8 140:15 184:15
suburbs 193:5 194:23 196:21 197:25	192:2,19,22 193:1,8,15,16	183:18 186:2 201:14	154:16 155:9 169:21 188:14	223:7,12 takes 59:19
Suffredon 26:18	193:18,23 194:9,20 195:4	surgicenter 178:1 179:23	systems 2:14 27:4 28:18	109:20 131:22 talent 125:8
suggest 82:25 200:18	195:7,11,18 198:18 203:25	187:3,5 189:5,6 189:16 191:1	29:19 92:11 93:10,10 94:11	127:18 talk 11:6 60:13
suggested 190:24	supporters 20:20 194:23 195:12	202:4 surplus 9:21	94:12,14 153:20,21	72:24 86:25 185:16 218:15
suggesting 144:1 200:16	supporting 126:4 141:18 159:20	surrounding 27:7 194:13	system's 169:24	talked 13:25 71:6
suggestion 63:1 206:1	supportive 8:16 146:25	survey 79:5 115:11,13	S-C-H-U-L-L-O 100:24	talking 62:18 64:5 66:23 86:6
suit 205:8	supports 23:11 146:25	152:18 surveys 79:5	S-H-E-E-T-S 43:12 167:5	114:11,12 116:1 145:7
suitable 209:10 212:15,18	suppose 111:16 113:17	102:20 Sussholz 52:19	S-H-E-P-L-E-Y 15:12	208:21 211:16 212:5
suite 89:12	supposed 51:15 51:20	52:20 53:15 Swedish 164:7	S-I-L 32:19	target 167:22
summary 18:13 190:13	sure 7:6 15:6 19:12,16 25:11	164:13,16,18 164:20,20,22	S-K-I-N-N-E-R 48:12 93:1	task 12:20,21 218:5
superficial 97:24	33:9 66:17 67:24 82:2	165:9,11 swing 59:16	S-M-I-T-H 96:15	tax 55:25
supplemental 46:6 146:22 191:11	86:19 87:8 129:14 139:12	122:1 switch 108:17	S-O 83:25	team 139:22
supplies 142:10	155:15 209:17 215:19	45:23 46:2 48:6 sworn 43:10,17	S-U-S-S-H-O-... 52:20	technically 17:24 174:25
support 15:17 23:1,8 24:16 26:2,8,9,15,20	surgeons 32:5,13 190:10,19		T	technologies 129:6
			table 45:21 51:20 66:22 67:1 88:17 93:24 96:6 100:20 120:14 145:22	technology 125:4 128:21,25 129:10 131:17 Tedeschi 93:2,3

telemedicine	7:24 8:25 10:16	144:7 145:10	85:16 113:3	180:11
129:1	12:5,7 14:10,11	145:17 146:17	140:5 197:3	three 11:10,12
telemetric 130:15	14:24 15:1,2,8	147:12,14,23	think 13:5 14:8	23:16 27:25
telescope 130:13	15:11 16:24	147:24 151:16	15:23 57:25	28:16 44:9 55:2
tell 77:18 78:8	17:13,14 19:18	151:19,21	60:8 61:1,11,22	57:7 68:6,18
139:6	19:19,23,24	152:19,21	61:22,23,24	73:1,11,12,15
telling 109:3,18	21:21,23 22:15	153:5,8 154:23	66:5,7,7,11	74:19 78:20
163:8	22:17 24:11	154:25 155:18	69:21 71:7 72:5	82:12 97:6
tells 26:7	25:19,21 28:24	157:5,20 158:4	73:6,8 77:20	124:25 128:2
ten 98:9,16	28:25 29:6,7	158:5,15	80:15 81:10,12	133:8 135:9
105:22 109:18	31:7,9 32:15,16	159:25 162:12	81:14 82:5 95:5	141:7 162:6
110:3,25 111:3	32:18 34:16,17	163:5,19,22	95:8 109:1	182:6 183:24
111:7,12 129:9	34:19 36:23	164:15 165:2	110:20 111:12	187:25 189:21
155:21 158:21	37:22,25 38:3	166:12,14,17	113:5 119:22	190:20
159:19,20	38:10,13,21	166:19,22	126:21,24	three-quarters
tenet 26:4 27:4	39:20,23 40:1,4	167:9,24 168:2	129:2 132:2	32:9
28:8 29:19 93:8	42:19 43:1,2	168:6 171:24	135:24 136:7,8	three-star 79:2
183:19	44:2,3 45:18	173:10,11	136:13 137:16	79:10
tenets 186:23	46:4,13,15,22	174:20 175:16	141:5,7 143:2,3	three-year 138:5
188:8	47:25 48:16,25	176:12,19	145:5 150:6	threshold 61:4
Tenet's 28:21	49:9 50:10,11	177:23,24	165:15 176:16	throw 51:14
30:24 31:1	51:23 52:10,23	178:17 179:16	196:9 197:11	161:4
ten-day 204:17	53:7,9,16,22	179:18 181:10	198:6,18	tied 68:5 70:21
ten-minute	57:18,21 78:4,5	185:21 191:4,8	202:13,15	till 209:1 210:15
163:24	79:16 80:17	196:4 199:23	203:6,17	time 13:1 15:23
ten-page 16:3	81:1,7,16,19,24	202:2,18,25	204:23 206:16	21:22 24:4,11
ten-year 109:16	82:7,15,17 83:1	203:10,24,25	206:20 209:7	29:8 31:8 67:1
term 20:4 106:13	84:5 85:1,3	205:19 206:5	214:1 215:5	68:3 76:1 78:8
108:19 116:9	86:22 87:18	207:12,15,22	217:22 218:6	84:25 95:7
118:9	88:12,14 89:9	220:17 221:8	thinking 148:2	102:20 105:23
terms 81:15 86:2	90:3,13 91:20	222:4,5	third 12:18 43:24	110:20 111:2,2
104:22 111:8	91:21 92:9 93:7	Thanks 29:8	72:2 92:1 93:14	111:6 112:19
116:19 197:4	93:20,21 95:10	therapies 126:7	115:19 134:23	117:19 124:17
Terrace 97:16	95:16 96:2,7,22	thereto 223:14	175:22 189:1	130:22 131:4
Terraces 17:17	97:9,10,12,13	they'd 60:14	thirdly 129:12	135:8 137:22
96:5,25 99:13	99:4,5,25	thing 14:3 20:17	Thirty 10:10	138:5 140:14
Terrace's 98:24	100:17 101:7	41:3 58:1 60:17	11:22 13:19	143:8,15
test 10:23 78:10	101:16 103:7	64:13 67:11	34:5	145:19 150:4
tested 111:18	106:2,5 108:21	72:20 143:21	Thomas 146:13	153:23 154:21
testified 20:25	118:24 119:13	198:19 199:14	146:13	160:3 171:10
testify 29:17	119:17 120:11	201:3 212:21	thought 15:13	171:25 175:25
testimony 7:20	120:25 121:11	221:25	63:17 68:23	191:4 195:5
26:2 223:5,7	121:12 122:25	things 5:8 12:22	111:13 142:25	196:3 202:11
Texas 78:16	123:1,2,20	13:9,23 16:5	149:2 160:25	208:10,23
thank 5:10 6:2,4	124:9,10,16	34:13 59:18	196:25	209:16 214:10
6:7,14,15 7:21	135:20 139:24	61:22 68:14	thoughtful	217:2 221:23

<p>timed 135:11 timeframe 204:19 times 10:14 131:15 133:18 176:7 183:25 189:20 200:5 216:7,11 timing 112:24 tirelessly 30:20 today 8:5 10:20 12:13,13 14:24 18:13 20:10 22:2,11 26:2 27:1,12 46:18 53:20 59:12 68:24 77:21 78:7 80:5 98:23 103:4,14 104:25 105:23 108:25 112:11 115:9 124:17 125:5,14 126:2 126:9 128:20 140:17 142:12 142:15 147:19 148:1 153:1,8 153:11 179:24 181:16,25 184:8 185:22 185:24 195:10 195:12,22 199:24 200:24 today's 7:5 128:5 128:22 told 63:16 195:14 208:9 Tom 123:8,9 124:12,13 136:7,19 137:4 137:8,20 138:1 138:16,24 139:1,12 140:6 140:24 141:3 141:22 143:2 145:17 153:2</p>	<p>top 58:19 76:20 129:9 130:3,4 tops 34:22 torn 141:21 total 97:3,25 101:10 137:12 152:11 174:6 195:6 200:4 totaling 50:2 totally 115:25 Touchette 20:16 21:5,9 23:2 24:17,25 25:7 25:17 145:20 146:10,12,14 148:3,10,13,18 151:24 152:25 153:2 155:1,10 155:11 156:3 Touchette's 24:10 25:15 tough 180:24 town 5:7 161:16 161:17 towns 162:8 track 138:2 201:12 trails 126:17,18 train 127:15,24 transaction 48:22 50:4 92:17 93:20 164:24 168:25 transactional 50:3 transcript 14:19 transfer 93:11 154:2 164:17 165:10 168:23 171:17 transportation 19:10 171:6 trauma 130:11 131:7,24 133:15 travels 82:16</p>	<p>treat 168:21 187:5 treating 70:1 treatment 128:16 128:23 165:11 169:19,22 178:19 179:25 183:18 186:2 196:15 202:5 trend 197:23 198:4 Trent 7:16 Tricia 157:14,14 tried 143:25 184:19 triggers 61:25 67:5 Trinity 88:25 90:17 trip 4:10 triple 199:7 trouble 62:16 99:12 110:20 Troy 193:6 true 10:24 30:22 truly 55:6 59:24 72:13 192:7 trumped 202:16 trust 30:4 Truthfully 26:25 try 4:14 13:3,3 14:6 73:24 75:15 198:20 204:4 212:9,15 212:18 213:4 217:21 trying 72:17 86:1 86:18,19 108:8 128:17 150:9 154:15 159:2 160:9 208:14 Tuesday 213:21 213:22 turn 98:10,15 112:16 129:24 132:6 191:5</p>	<p>201:22 Turner 15:5 19:23,25 21:24 twice 11:19,24 12:16 108:24 111:9 two 4:16,21 7:4 10:1,22 11:7 12:1 23:13 28:23 30:1 32:5 33:18 34:20 55:2,5 59:3,4 59:21 61:22 65:4 66:4 68:18 71:16 72:3,13 73:16 74:18 75:4 103:25 105:20 108:10 109:2,9 111:16 115:14,15 126:21 127:3 132:10 134:7 134:12,15,16 134:25 135:4 136:9,21 142:11 145:24 171:20 173:8 177:21 184:18 185:3 186:20 187:23 189:20 190:17 192:17 193:24 203:20 213:18 214:13 214:13,14 two's 73:13 two-day 213:16 type 24:1 57:16 67:5,13 70:22 140:15 types 31:6 134:17 201:18 typewriting 223:9 typically 72:9 103:17 199:16 typing 77:19</p>	<p>typo 152:9 T-E-D-E-S-C-... 93:3 T-U-R-N-E-R 19:25</p> <hr/> <p style="text-align: center;">U</p> <hr/> <p>UIC 217:4,15 220:14 unanticipated 90:6 unaware 104:20 undergoing 129:13 underinsured 29:25 30:8 188:24 underlying 33:6 34:7 149:4 underneath 124:6 underprivileged 27:24 underreported 199:16 underrepresen... 155:16 underserved 21:2 28:7 155:15 understand 8:1,4 21:7,19 68:23 76:8 80:22 87:4 149:13 153:24 208:17 understandable 26:24 understandably 104:6 understanding 25:4 57:16 62:16 141:25 184:5 193:5 194:2 219:20 220:7 understands</p>
--	---	---	--	--

194:5 understood 189:24 underutilization 171:14 unfortunately 17:10 unified 139:22 uniformed 131:12 uninsured 29:25 30:7 127:13 188:24 unique 10:21,22 33:4,16 126:15 127:1 191:1 192:7 195:20 201:3 203:17 unit 20:12,12 23:4 89:13 148:14 152:2 156:5 158:13 United 187:13 units 105:20 131:9 universities 217:15 University 127:22 194:8 194:19 219:19 220:6 unmet 187:7 193:14 194:22 unnecessary 18:23 unusual 202:1 unwelcomeness 188:1 update 15:15 57:3 210:6 upgrading 53:25 upheld 56:22 upward 111:8 urge 24:9 195:24 Urso 2:18 35:18 37:1 38:24	40:14 41:3 66:16,22 67:3,8 82:19 102:6 116:23 117:2,5 117:10,22 120:8 USDA 92:5 use 30:23 54:8 59:19,20 75:13 77:8 107:7,17 125:23 158:11 170:4 200:8,11 useable 75:20 76:9 uses 110:7 113:2 169:21 usually 26:25 60:25 201:18 212:11 utility 141:12 utilization 18:22 56:6 59:7 132:21,25 133:10 158:1 167:23 171:8 171:10,13,23 200:15 utilize 57:17 171:6 utilized 143:23 utilizing 19:14	92:10,11,12,12 93:9 94:10,12 94:14,15 95:8 variable 134:19 variances 131:13 variety 72:13 125:17 130:22 143:7 various 93:10 vast 49:15 Velasquez 29:10 29:12,13 venue 83:7 Verdue 6:6 versus 201:20 VHS 93:9,9,10 93:12,13,14,16 viability 23:22 viable 58:24 76:13 vibrant 161:12 Vice-Chairman 2:3 5:2,3 36:16 37:13 38:12 39:11 40:6,19 41:12,25 42:10 45:11 47:17 51:6 52:4 79:22 81:18 85:3,21 86:5,22 88:3 90:22 91:10 95:16 100:6 118:11 119:15 122:15 137:1,5 137:14,24 139:25 140:22 141:1,20 142:14 144:7 144:25 150:23 151:9 154:25 155:5,10,18 156:21 161:20 161:22 162:8 162:12,21 163:12 165:13 166:4 172:25	177:13 202:24 206:9 207:14 212:21 213:18 216:1 217:8,24 218:2,7,14,19 218:23 219:3,6 219:10,23 220:25 222:13 Vice-president 49:6 124:14 168:3 victim 67:15 70:3 70:3 111:22,22 112:2 113:11 113:12 114:11 victor 112:2 113:11 view 30:24 viewed 62:8 village 9:14 16:11 violation 78:11 78:13,15 violations 79:7 visibility 131:14 vision 128:8,10 visitor 169:11 visitors 133:24 170:3 visits 133:20 Vista's 11:19 vital 24:8 148:16 voice 20:10 40:22 41:15 52:5 216:3,14 220:9 volume 133:17 133:23 vote 12:2 36:4 37:17,21,24 38:8 39:14,19 40:22 41:15 44:25 47:6 50:21 52:6 67:17 70:17 77:20 79:25 80:16,16,25	81:6,15,23 82:1 82:6,9 92:15 95:4,8 99:22,24 118:16,20 119:12,15,22 120:2 157:3 163:2 166:10 195:24 202:17 203:9,12,13 205:21,24 208:5,12,12 210:18 220:9 220:16 voted 10:1 11:19 11:23 35:6 40:24 42:13 52:7 206:17 216:13 221:17 222:15 votes 12:1 47:24 51:13 88:10,11 91:17 95:23 100:14 120:4,5 122:22 145:13 145:24 151:17 163:20 173:7 177:20 203:19 221:9 voting 118:22 119:19 vulnerable 21:2 22:10 vying 208:3
	V			W
	validly 16:4 Valley 162:11 value 48:21 49:24 50:2 98:4 114:21 values 28:10,11 186:17,22 187:23 188:7 189:18 193:11 195:16 Van 26:4 27:3,25 28:1,5,9,15,22 29:18 30:3 31:3			wait 67:19 68:6 207:24 221:24 221:24 walk 131:22 walking 119:7 126:18 want 5:6 9:6 13:17 14:8 18:3 19:13 28:24,25 32:11 38:6 46:17 61:16,17

70:5,25 73:2,11 74:19 102:10 102:13 116:6 132:3 138:9 142:8,9 143:21 151:20 153:5,7 159:4 163:24 182:11 185:21 196:8 198:12 198:25 199:23 200:2 203:16 203:24 212:11 216:3 218:15 220:12 222:3,7 wanted 54:1 62:10 72:15 78:1 82:22 117:10 196:13 212:22 217:5 217:16 wants 18:1 57:17 160:24 War 125:14 ward 160:7 wards 57:8 warrant 60:3 warranted 57:11 wasn't 110:24 209:23 waste 142:9 water 169:19,21 Waukegan 17:20 136:22,23 166:24,24 167:11,12,14 168:9,16,19,23 171:22 172:9,9 Waxman 75:11 218:25 way 14:6 48:1 56:5 67:10 70:23 81:12 110:3,5 124:22 129:20 140:18 142:1 159:4 169:23 203:6	205:11 206:20 ways 5:15 125:7 week 75:11 88:20 114:7 175:25 213:13 219:12 weeks 213:14,21 Weiss 51:22 52:13,13,15,15 53:11,13,14,24 60:4,12,21 61:5 61:10 63:11,19 63:25 64:3,9,22 67:2,22,25 71:12,15 73:3,8 74:6,10 75:18 75:25 76:5,11 77:1,4,6,13 78:5 92:11 93:12 94:11,24 Welch 22:22 25:22,24 29:8 welcome 4:6 5:6 30:25 48:5 53:23 96:7 148:21 164:9 187:5 wellness 25:18 126:15 128:11 128:13,19 well-being 125:2 Wendy 84:1,1 went 35:10 59:13 74:24 111:7 west 1:1 27:4,8 27:10,15,24 28:15,17 92:11 92:12 93:13,14 94:13,14,24,24 170:6 we'll 4:13,14,19 7:15 37:5 63:20 63:21 90:11 92:15,16 142:5 145:15 154:9 170:19 175:15 199:18 209:11	209:17,25 we're 4:3,20 5:7 6:19 12:12,14 13:16 15:18 31:20 34:15,21 35:7 39:3 46:19 50:9 54:1 59:21 59:24 66:22 67:15 68:3,4 70:3,21,21 71:21,22 72:17 73:9,14 74:15 74:16 76:13,19 76:21 81:12,12 83:10,16 85:14 85:15,16 86:19 86:20 90:9 111:21 113:11 113:25 114:1 115:19 116:1 117:23,25 126:15 127:15 128:9,17 136:14 143:25 148:1 149:16 154:5,12,15 159:9 168:8 183:23 197:11 197:22 198:2 198:20 200:16 208:7 210:7,16 211:14,16 219:15 we've 7:17 12:12 13:21,22,25 14:1 16:7,12 50:6 55:23 62:22 68:1 69:11 75:6 80:4 80:24 85:24 86:4,20 98:15 108:13,18,25 109:10,18 110:13 112:19 124:25 125:3 126:1 127:17	128:24 129:8 130:25 136:10 140:11,14 141:12 142:14 142:24 143:4,5 143:10,11,24 166:16 184:15 197:8 198:16 207:25 wheelchair 125:15 white 161:5 who've 69:13 wide 105:12 William 93:4,4 Williamson 173:19,19 175:15,24 176:8,11,19 177:24 willing 27:17 104:8 184:8 willingness 190:24 Willsher 89:3,3 90:2,3 91:21 wise 83:8 wish 14:9 67:16 189:4 190:2 199:25 200:11 wishes 14:9 33:1 146:21 152:13 173:25 201:6 222:7,9 withdrawn 92:3 witness 223:5,7 women 31:24,25 32:5,13 193:9 women's 32:6 140:12,18,20 140:23 141:20 193:7 wonderful 32:13 wondering 63:5 140:1 199:23 213:1 218:20	218:20 Woodstock 9:4 word 28:4 146:6 197:24 words 109:5 121:25 128:17 work 16:6,6 22:13 25:15 28:9 30:17 53:17 68:3 103:8 139:11 147:24 153:6 153:24 175:23 200:20 222:6 worked 60:6 working 12:12 16:5 20:16 27:23 28:6 65:20 153:20 154:6,9 210:15 211:7 works 24:22 30:3 30:20 104:24 136:13 world 125:14 128:5 130:6 worth 126:25 wouldn't 58:23 59:1 65:22 68:25 77:7 110:18 wound 98:14 wrapped 90:9 written 94:23 191:14 192:19 206:7 wrong 10:9 62:19 80:7,8 110:4 113:24 wrote 146:25 193:17 W-E-I-S-S 52:14 52:16 W-I-L-L-I-A... 173:20 W-I-L-L-S-H...
---	---	--	--	---

89:4	209:20,24	\$25.3 43:23	10-067 42:21	199:10
<hr/> X <hr/>	Year's 212:24	\$3.8 178:21	10-090 9:6 37:3	12-bed 156:4
X 119:10,11	Yep 48:10,10	179:6	10:00 4:3,4,19	12-month 42:22
<hr/> Y <hr/>	49:7	\$30.2 152:4	10:44 35:11	46:11 102:4
yea 62:20	young 119:6	\$4 167:15	100 77:15 112:9	12-022 88:16
Yeah 64:7 70:16	younger 161:18	\$4.3 95:6	129:16 132:14	12-033 174:18
77:13 107:19	Youth 195:1	\$400 142:20	132:15 142:3	12:22 82:24 83:3
107:22 108:5	Y-E-P 48:10	\$420,000 50:3	158:22,23	12:30 4:11
137:11 139:6	<hr/> Z <hr/>	\$5.5 179:6	160:20 174:10	120 191:16
143:2 160:2	Zalewski 26:14	\$50,000 78:17	185:13,15	1212 35:21
175:19 196:8	193:13	\$7 56:11	100-bed 175:5	13 55:1 132:9
212:6 218:22	zero 95:24	\$7.1 68:21	1000 9:3	13-007 31:11
219:8	100:15 109:21	\$777,954 89:22	101 1:15 57:6	177:25 202:4
year 57:4 68:13	112:8,13	\$8.2 50:1	102 98:20	13-01 17:16
69:15 85:7	122:23 145:14	\$9.7 56:9	107 54:12	13-013 172:9
102:9 104:25	151:17 157:4	<hr/> 0 <hr/>	11 108:18	13-019 96:5
109:22 133:25	163:20 166:11	0.22 184:1	11th 3:4	99:13
137:23 138:5	zip 136:21	007-138 46:8	11,000 179:9	13-023 100:18
138:17 142:5	199:21	013 172:14	11-019 83:12	13-031 17:19
142:19 147:5	<hr/> \$ <hr/>	019-13 48:3	84:7 87:11	166:24
158:22 159:23	\$1.1 174:6	031 172:13	11:30 35:14	13-032 79:18
160:20 183:24	\$1.5 97:3 98:1	07-058 41:8	1100 175:2	118:8
188:19 207:25	\$10,477,895	07-138 45:19	1110 121:7	13-033 123:4
222:2	84:12	08-086 35:21	147:11 152:14	144:10
years 5:21 10:13	\$10.1 152:4	08-099 43:19	158:3 167:20	13-034 19:21
10:22 11:7	\$14.3 49:25	09-060 174:17	167:21	24:17 145:19
12:11 18:10	\$15,000 212:12	09-076 42:23	1110.1540(f)	150:19
22:8 25:13	\$17 61:2 63:23	<hr/> 1 <hr/>	185:25	13-035 157:7
27:11 28:15,23	76:13	1 48:18 83:1	1110.530 101:12	162:17
31:7 59:21 65:4	\$17.5 53:4	112:15 179:13	112 54:14	13-036 24:17
103:12 109:2	\$191,823,663	1st 43:18 117:15	1120 121:7	145:20 146:12
109:10,15,20	84:13	181:15,18	147:12 152:17	151:23 156:3
110:6,21 111:1	\$2,825 152:12	1,081 59:16	158:3 167:20	13-039 164:7
111:3 115:14	\$2,825,007	1.75 90:20	1125 53:6	165:8
115:21 116:4	152:13	1:04 83:4	1125.550 101:12	13-041 26:2
119:8 124:20	\$2.5 101:10	10 16:22 57:11	1130 67:4 117:14	94:23
124:25 126:3	\$2.7 56:10	59:7 60:1,2,10	117:16 204:8	13-042 26:2
127:4 129:17	\$202,301,558	148:7,15	1130.1080 204:24	94:24
136:11 140:1,3	84:10	204:19 212:12	1130.990 204:13	13-043 26:3
140:5 141:7,11	\$21 142:25	10th 16:2	114 124:19	94:24
142:3 143:11	\$21.2 124:1	10-031 32:24	12 16:23 31:16	13-044 26:3
158:22 159:19	\$22 50:2	39:2,6	45:20 102:4	94:25
159:20 161:4,4	\$22.9 48:22	10-059 88:24	103:24 105:5	13-046 121:23
171:20 194:21	49:24 50:5	89:11 90:17	152:2	13-051 173:12
			12th 178:24	174:3 176:21
			12,830,632	13/14 42:8

130 195:6	2.8 199:9,11,19	64:24 66:20,24	33 76:20	51 152:15
139 22:8	20 11:4 49:18,19	67:18 75:1	339 98:10 104:11	511 104:12 117:1
14 5:21 138:25	55:11 59:7 60:3	77:19 142:21	3400 167:13	525 1:1
14th 89:10,17	60:20 61:2,8,12	142:22	342 56:25	57 170:18
178:22 180:8	61:14 63:20	21st 217:2	35 150:20	58 101:9 103:16
184:15 197:15	68:21 70:20	217-782-3516 1:2	35-bed 146:19	105:17
15 133:14 204:19	75:1 130:4	22 106:8 169:6	350 142:20	<hr/>
205:25	132:22 158:24	22-station 167:11	359,000 199:12	6
150-bed 43:20	158:24 179:10	167:13 168:9	36 57:5	6 152:9
1540 185:19	2000 133:20	172:10,11	360,000 199:13	6,000 127:12
1540(f) 185:11	199:7	224 53:2 76:24	37.5 97:8	6.14 89:22 90:19
16 17:5 54:25	2004 49:12	23 132:23	372 137:13	60 171:5
97:2,15 99:14	140:21,25	24 1:10,14	377,000 11:3	62761 1:2
133:12,17	2005 109:7	106:10,21,25	<hr/>	63 52:25 66:19
162:3,5	2006 49:13	107:6,17,20	4	66:23 76:11
16th 213:25,25	2008 46:7 199:7	108:5 115:7	4 136:3 152:8,8	63101 3:4
215:10,24	2009 43:19	176:5	152:12 179:15	<hr/>
160 126:16	2010 9:12 59:20	24th 15:22	183:23 200:3	7
1616 167:12	68:9 79:6 85:23	24-hour 130:14	201:25 202:1	7th 25:25 213:21
17 42:25 61:13	89:10 109:8	25 158:11 171:21	4:01 222:16	70 89:22 161:4
133:12 134:1	174:10 199:10	256,395 199:15	40 9:21 62:23	70's 140:11
194:21	2011 20:7 109:9	26 46:7	103:12 106:13	708 154:8,8
17-month 42:25	168:24 170:24	260 169:7	400,000 90:8	71.2 167:24
174 76:1	2012 9:12 15:22	27 133:10	41 101:8 103:16	711 3:4
1750 133:24	16:2 56:9	27,000 31:22	103:20 105:18	72 171:11
18 132:24 156:4	170:25 221:12	28th 42:25	106:14,16,23	74 98:20
162:2 183:25	2013 1:10,14	29th 147:5	171:19 199:6	74.2 171:12
200:5	44:1 46:13 57:4	<hr/>	45 4:13 34:22	75 105:12 126:3
18-bed 158:13	101:21 164:25	3	213:8	141:11
18-month 43:4	178:22,24	3 61:4 84:12	45-minute 83:7	79 135:16
43:25	217:3	179:15	451 57:5	<hr/>
1800 140:15	2014 42:23 46:13	3's 64:4	46,000 11:10	8
19 109:7	46:21 102:9	3.5227 61:4	47 107:7,16,21	8,800 179:10
19th 23:10	121:9 139:1	3.7 183:13	<hr/>	80 49:21 161:4
1905 218:6	181:15 210:17	30 76:3,18 152:3	5	167:22 171:10
192 59:9	215:10,15	30th 42:22 46:12	5th 221:22	171:13
1942 131:1 140:9	216:17	46:13 101:21	5,725 169:7	84 132:17,19
1947 155:14	2015 43:1 44:1	102:9 121:8	5.2 84:13	855 104:13
1980 199:8	59:21 138:23	188:19	5.5 183:12	87 46:18
<hr/>	2016 181:18	309,000 11:4	50 62:23 129:16	889 59:15 80:12
2	2017 138:7	31 118:9	169:8	89 185:1 190:20
2 9:13 89:16	2018 59:13	31st 44:1,1	50's 140:9	190:21
130:11	202 84:12	164:25	500 32:9 117:24	890 62:17
2C11 35:2	203 53:1 76:1	314-644-2191 3:5	160:6,8	<hr/>
2nd 1:1 117:15	21 52:25 58:8,15	32 97:1 179:7	500,000 98:1	9
2's 64:4	60:3,5,7 63:13	32-bed 97:16	187:11	9 4:18,19,21
				216:7,12

221:22 90 77:6 98:8 93 8:9 93.18 171:23 97-0145 216:22 99 98:16 99-bed 103:16				
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